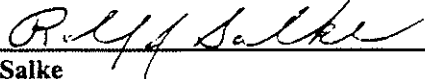
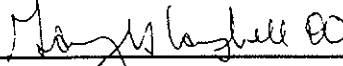

MISSOURI DEPARTMENT OF CORRECTIONS
INSTITUTIONAL SERVICES
POLICY AND PROCEDURE MANUAL


IS11-41.1 Self Declared Emergencies

Effective Date: October 15, 1999


Ralf Salke
CMS Regional Manager


Gary H. Campbell, D.O.
CMS Regional Medical Director


George A. Lombardi, Director
Division of Adult Institutions


R. Dale Riley, Director
Division of Offender Rehabilitative
Services

I. **Purpose:** It is the policy of Correctional Medical Services and the Missouri Department of Corrections that all incarcerated individuals within the department have a method that will allow for immediate access to all health care in the event of an emergency.

- A. **AUTHORITY:** 217.040, 217.175, 217.320 RSMo, NCCHC Standards for Health Services in Prisons, 1997
- B. **APPLICABILITY:** Standard Operating Procedure (SOP) specific to provision of health services procedures at the institution should be developed by the health services administrator in consultation with the medical director, other professional medical providers, and the superintendent/designee.
- C. **SCOPE:** Nothing in this procedure is intended to give a protected liberty interest to any offender. This procedure is intended to guide staff actions.

II. **DEFINITION:**

- A. **Emergency Condition:** An emergency condition is defined as any condition that requires immediate attention in order to preserve life or body function. This list is **not** all-inclusive:
1. Potential for loss of life or limb
 2. Profuse or uncontrolled bleeding
 3. Chest pain or shortness of breath
 4. Acute injury to limb(s) with or without deformity, with or without swelling
 5. Severe pain that may or may not be accompanied by other symptoms
 6. Fever
 7. Seizures

Effective Date: October 15, 1999

III. PROCEDURES:

- A. During the receiving process in any facility, the offenders should receive information that instructs them how to access treatment in the medical units.
 - 1. This information will be instructed verbally and in writing for all offenders.
 - 2. This policy should be posted in all housing units.
- B. All offenders will be afforded the opportunity to declare themselves as having a medical emergency and thereby receiving immediate triage in person with the medical unit.
 - 1. There will be a standard operating procedure developed for times when nursing is not available on site.
- C. When someone declares himself or herself a medical emergency, they will not be required to submit a Medical Services Request form prior to being seen by medical staff.
- D. Once the medical staff has completed the initial triage, the offender will be treated according to the needs of her/his medical condition.
 - 1. In the event, the condition is not of an emergent or urgent nature, the offender will be advised to submit a Medical Services Request (MSR) (Attachment A) and will be scheduled for nurse sick call.
 - 2. Patient education will be provided to the offender at the time of the triage encounter.
- E. If the condition presented is an emergency requiring immediate intervention, the nursing staff will initiate appropriate treatment orders (i.e., call the physician, arrange transportation, etc.).
- F. All self-declared emergencies will be documented in the offender's medical record on MARS.
- G. At no time will an offender, who is declaring a medical emergency, be denied immediate triage by the nursing staff in the medical unit.

IV. ATTACHMENTS

- A. 931-1319 Medical Services Request

V. REFERENCES:

- A. National Commission on Correctional Health Care: Standards for Health Services in Prisons, 1997.

VI. HISTORY: This policy was originally covered by IS11-42.2, located in the Missouri Department of Corrections Institutional Policy and Procedures Manual; Original Rule Effective: August 15, 1994

- A. Original Effective Date: August 15, 1994
- B. Revised Effective Date: October 15, 1999



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
MEDICAL SERVICES REQUEST

NAME OF INSTITUTION

PATIENT'S NAME

DOC NUMBER

DATE

REPORTING UNIT

WORK ASSIGNMENT

DAYS

HOURS

A.M./P.M.

A.M./P.M.

CHIEF COMPLAINT

CURRENT MEDICATIONS

WHICH EXISTING DISEASES HAVE BEEN DIAGNOSED?

PATIENT'S SIGNATURE

DATE

TIME

NURSING ASSESSMENT (USE SOAP FORMAT)

NURSE'S SIGNATURE

DATE

TIME

PHYSICIAN VISIT NOTES (USE SOAP FORMAT)

PHYSICIAN'S ORDERS

SUBSTITUTION PERMITTED

PHYSICIAN SIGNATURE

DATE

TIME

DISPENSE AS WRITTEN

PHYSICIAN SIGNATURE

DATE

TIME

MATT BLUNT
Governor

LARRY CRAWFORD
Director



2729 Plaza Drive
P.O. Box 236
Jefferson City, Missouri 65102
Telephone: 573-751-2389
Fax: 573-751-4099
TDD Available

State of Missouri
DEPARTMENT OF CORRECTIONS

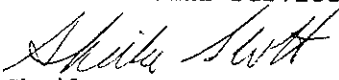
Ad Excelleum Conamur - "We Strive Towards Excellence"

OFFICE OF INSPECTOR GENERAL
Compliance Unit

M e m o r a n d u m

DATE: August 4, 2005

TO: Institutional Services Policy and Procedure Manual Holders

FROM: 
Sheila A. Scott, Administrative Analyst III

SUBJECT: IS11-58 Pregnancy Counseling

Attached is the procedure covering IS-58 Pregnancy Counseling which goes into effect on September 5, 2005.

Major changes are as follows:

The director names have been updated.

I. PURPOSE: Reworded and removed "whether she desires abortion, adoption service or to keep the child".

I.A. AUTHORITY: NCCHC Standards for Health Services in Prisons updated from "1997" to "2003".

III. A. Rephrased.

III. B. Deleted. This section pertained elective abortions.

III. C. now is B. "psychologist" changed to "qualified mental health professional".

III. D. now is C. removed "following the procedure established at the institution for providing specialist's care to patients" and replaced with "inaccordance with IS11-30 Hospital and Specialized Ambulatory Care."

V. REFERENCES: Updated NCCHC Standards for Health Services in Prisons updated from "1997" to "2003".

Please review this procedure and place appropriately in your manual.


Thank you.


An Equal Opportunity Employer


MISSOURI DEPARTMENT OF CORRECTIONS
INSTITUTIONAL SERVICES
POLICY AND PROCEDURES MANUAL

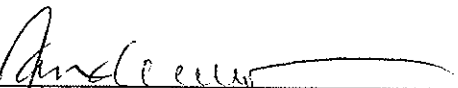
IS11-58 Pregnancy Counseling

Effective Date: September 5, 2005


Ralf J. Salke
Vice President of Operations


Elizabeth Conley, D.O.
Regional Medical Director


Terry W. Moore, Director
Division of
Adult Institutions


Randee Kaiser, Director
Division of Offender
Rehabilitation Services

- I. **PURPOSE:** This procedure ensures that comprehensive counseling and assistance will be provided to a pregnant offender in planning for her expected child.
- A. **AUTHORITY:** 217.175, 217.320 RSMo, NCCHC Standards for Health Services in Prisons, 2003.
- B. **APPLICABILITY:** Standard Operating Procedure (SOP) specific to the provision of health services procedures at the institution should be developed by the health services administrator in consultation with the medical director, other professional health providers, and the superintendent/designee.
- C: **SCOPE:** Nothing in this procedure is intended to give a protected liberty interest to any offender. This procedure is intended to guide staff actions.
- II. **DEFINITION:**
- None
- III. **PROCEDURES:**
- A. Upon confirmation of the pregnancy, the physician or nurse should discuss prenatal plans with the offender and develop an appropriate plan of care.
- B. Referrals to a qualified mental health professional and/or social services should be provided as needed.
- C. If an abortion is indicated due to threat to the mother's life or health, and if approved by the Medical Director in consultation with the Regional Medical Director, the medical care should be arranged in accordance with IS11-30 Hospital and Specialized Ambulatory Care.
- IV. **ATTACHMENTS:**
- None

Effective Date: September 5, 2005

V. REFERENCES:

- A. National Commission of Correctional Health Care: Standards for Health Services in Prisons, 2003, P-G-10 Pregnancy Counseling – *important*.
- B. IS11-30 Hospital and Specialized Ambulatory Care
- C. IS11-55 Perinatal Care

VI. HISTORY: This policy previously covered by IS11-56 Pregnant Inmate and IS11-56.1 Pregnant Inmate Procedure located in the Missouri Department of Corrections Institutional Services Policy and Procedures Manual; Original Rule Effective: August 15, 1994.

- A. Original Effective Date: August 15, 1994.
- B. Revised Effective Date: October 15, 1999
- C. Revised Effective Date: ~~September~~ 5, 2005

MATT BLUNT
Governor

LARRY CRAWFORD
Director



2729 Plaza Drive
P. O. Box 236
Jefferson City, MO 65102
Telephone: 573-751-2389
Fax: 573-751-4099
TDD Available

State of Missouri
DEPARTMENT OF CORRECTIONS
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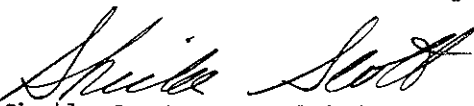
OFFICE OF INSPECTOR GENERAL

Compliance Unit

M e m o r a n d u m

DATE: March 10, 2005

TO: Institutional Services Policy & Procedure Manual Holders

FROM: 
Sheila A. Scott, Administrative Analyst III

SUBJECT: IS11-57 Sexual Assault

Attached is IS11-57 Sexual Assault which goes into effect on April 1, 2005.

Please review this procedure and place appropriately in your manual.

Thank you.


SAS:vf

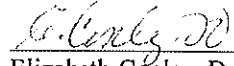
**MISSOURI DEPARTMENT OF CORRECTIONS
INSTITUTIONAL SERVICES
POLICY AND PROCEDURES MANUAL**

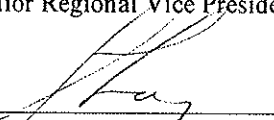
IS11-57

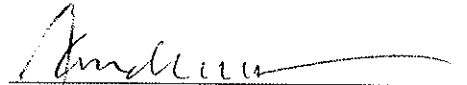
Sexual Assault

Effective Date: April 1, 2005


Ralf J. Salke
Senior Regional Vice President


Elizabeth Conley, D.O.
Regional Medical Director


Steve Long, Acting Director
Division of Adult Institutions


Randee Kaiser, Director Division of
Offender Rehabilitation Services

I. PURPOSE: This procedure has been developed to ensure appropriate treatment takes place for victims of sexual assault, that medical and psychological trauma are minimized as much as possible by prompt and appropriate health intervention.

A. AUTHORITY: 217.175, 217.320 RSMo, NCCHC Standards for Health Services in Prisons, 2003.

B. APPLICABILITY: All offenders and staff in a correctional center and institutional treatment center under the jurisdiction of the Division of Adult Institution or Division of Offender Rehabilitative Services. Standard Operating Procedure (SOP) specific to provision of health services procedures at the institution should be developed by the health services administrator in consultation with the medical director, other professional health providers, and the superintendent/designee.

C. SCOPE: Nothing in this procedure is intended to give a protected liberty interest to any offender. This procedure is intended to guide staff actions.

II. DEFINITION:

A. Sexual Assault: A sexual act that is coercive or assaultive in nature and where there is the use or threat of force.

B. SOAP Format: This format is a charting/recording process, which reflects subjective complaints, objective findings, an assessment, and treatment plan.

III. PROCEDURES:

A. Medical staff may not collect evidence from any victim or alleged or suspected perpetrator.

1. Health care personnel should screen the offender for obvious physical trauma.

2. Emergency medical care should be provided at this time.

a. The community emergency room should be contacted by the nursing staff and transportation to the emergency room arranged with institutional security staff.

- b. The assaulted offender should be immediately transported to a community emergency room in accordance with IS11-30 Hospital and Specialized Ambulatory Care (Important).
3. Any emergency treatment provided should be documented, in SOAP format, in the offender's medical record, the Medical Accountability Record System (MARS).
4. Health care staff should interact with the offender in a neutral and non-judgmental manner.
5. Health care staff should ask the offender for details of the incident that are important for the provision of health services.
 - a. All information regarding the alleged assault should be kept confidential.
 - b. The report of the alleged assault should be released only to the investigator at the institution and/or the Superintendent/designee.
- B. The offender should be provided with prophylactic treatment and follow-up for sexually transmitted or other communicable diseases, as appropriate.
- C. Health care staff should continue to maintain confidentiality regarding the incident, care and condition of the offender.
- D. Health care staff should initiate a Referral and Screening note – Mental Health Services form (Attachment A) at the time of the initial nursing visit for assessment and follow-up counseling with a qualified mental health professional.
 1. The offender should be seen by a qualified mental health professional by the end of the next business day following the reported sexual assault.
- E. The reported perpetrator's health record will be reviewed by the health services administrator or director of nursing and referred to the physician for appropriate communicable diagnostic testing.

IV. ATTACHMENTS:

- A. 931-1572 Referral And Screening Note – Mental Health Services

V. REFERENCES:

- A. National Commission of Correctional Health Care: Standards for Health Services in Prisons, 2003, P-G-09 Procedure in the Event of Sexual Assault – *important*.
- B. IS11-30 Hospital and Specialized Ambulatory Care (Important).
- C. D1-8.6 Offender Abuse/Sexual Contact

VI. HISTORY: This policy previously covered by IS11-55 Sexual Assault and IS11-55.1, Sexual Assault Procedure located in the Missouri Department of Corrections Institutional Services Policy and Procedures Manual; Original Rule Effective: August 15, 1994.

- | | | |
|----|--------------------------|------------------|
| A. | Original Effective Date: | August 15, 1994. |
| B. | Revised Effective Date: | October 15, 1999 |
| C. | Revised Effective Date: | April 1, 2005 |



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS

ATTACHMENT A

REFERRAL AND SCREENING NOTE - MENTAL HEALTH SERVICES

REFERRAL SECTION: (REFERRING STAFF USE ONLY)

OFFENDER NAME	DOC NUMBER	HU/CELL/BED
REFERRING STAFF SIGNATURE & TITLE	DATE OF REFERRAL	INSTITUTION

REASON FOR REFERRAL

Observed Behaviors (Check all that apply)

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Inappropriate smiling | <input type="checkbox"/> Overly suspicious | <input type="checkbox"/> Hopeless/pessimistic | <input type="checkbox"/> Overly anxious |
| <input type="checkbox"/> Irrational speech | <input type="checkbox"/> Overly hostile | <input type="checkbox"/> Self-injurious behavior | <input type="checkbox"/> Very self-critical |
| <input type="checkbox"/> Disorientation | <input type="checkbox"/> Sees things not there | <input type="checkbox"/> Very sad/crying | <input type="checkbox"/> Loss of appetite |
| <input type="checkbox"/> Loss of memory | <input type="checkbox"/> Hears things not there | <input type="checkbox"/> Extremely irritable | <input type="checkbox"/> Emotionally flat |
| | | <input type="checkbox"/> Overactive/pacing | <input type="checkbox"/> Strange posture/mannerism |

SCREENING RESULTS (MENTAL HEALTH PROFESSIONAL'S USE ONLY)

Topics To Be Addressed

S - Subjective (presenting problem, chief complaint)
O - Objective (current mental status)

A - Assessment (diagnostic impression)
P - Plan (referral, follow-up, client instructions)

Optional Topics

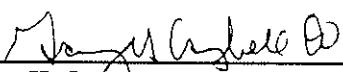
- | | | |
|-----------------------------------|-------------------------|-------------------|
| • MH and SA Treatment History | • Diagnostic Impression | • MH Score Update |
| • Pertinent Psychological History | • Psychodynamics | • SR Score Update |
| • Psychological Testing Results | • Treatment Plan | |


SIGNATURE	TITLE	DATE
-----------	-------	------


MISSOURI DEPARTMENT OF CORRECTIONS
INSTITUTIONAL SERVICES
POLICY AND PROCEDURES MANUAL

IS11-56 Offenders with Alcohol or Other Drug Effective Date: October 15, 1999
 Problems (Important)


Ralf J. Salke
Regional Manager


Gary H. Campbell, D.O.
Regional Medical Director


George A. Lombardi, Director
Division of
Adult Institutions


R. Dale Riley, Director
Division of Offender
Rehabilitation Services

- *****
- I. **PURPOSE:** This procedure ensures accurate recognition, assessment and proper clinical management of offenders with alcohol or other drug problems by a physician or qualified health care professional.
- A. **AUTHORITY:** 217.040, 217.175, 217.320 RSMo, NCCHC Standards for Health Services in Prisons, 1997
- B. **APPLICABILITY:** Standard Operating Procedure (SOP) specific to the provision of health services procedures at the institution should be developed by the health services administrator in consultation with the medical director, other professional medical providers, and the superintendent/designee.
- C. **SCOPE:** Nothing in this procedure is intended to give a protected liberty interest to any offender. This procedure is intended to guide staff actions.
- II. **DEFINITION:**
- A: **SOAP Format:** This format is a charting/recording process which reflects subjective complaints, objective findings, an assessment, and a treatment plan.
- III. **PROCEDURES:**
- A. Offenders should be assessed for possible alcohol or other drug dependency upon their entry to the department, using the Intake Health Screening (Attachment A).
- B. Offenders should be further assessed for possible alcohol or other drug dependency upon transfer to each new institution, using the Transfer/Receiving Screening - Medical (Attachment B).
- C. A diagnosis of chemical dependency should be made by a physician or mental health staff member.
- D. Once a diagnosis of chemical dependency has been made, an individualized treatment plan should be developed for the offender.

- E. Offenders who have been monitored for detoxification should be referred to the psychologist for follow-up monitoring and scheduling for therapeutic program participation.
- F. Offenders who request counseling and other assistance for alcohol or other drug dependency should be referred to the psychologist.
- G. All requests for counseling and other assistance for chemical dependency should be documented in the offender's medical record using the SOAP format.
- H. The psychologist should maintain a listing of appropriate community resources for treatment of chemical dependency.
- I. Prior to release, identified offenders being released under Director's Release should be advised of appropriate community resources.

IV. ATTACHMENTS:

- A. 931-3756 Intake Health Screening
- B. 931-3863 Transfer Receiving Screening - Medical

V. REFERENCES:

- A. National Commission of Correctional Health Care: Standards for Health Services in Prisons, 1997. P-56

VI. HISTORY: This policy previously covered by IS11-52. located in the Missouri Department of Corrections Institutional Services Policy and Procedures Manual; Original Rule Effective: August 15, 1994.

- A. Original Effective Date: August 15, 1994
- B. Revised Effective Date: October 15, 1999



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
INTAKE HEALTH SCREENING

NAME			DOC NUMBER	RACE	DATE OF BIRTH		
INMATE QUESTIONNAIRE			(CIRCLE ONE)		SCREENER'S OBSERVATIONS	(CIRCLE ONE)	
1. DO YOU HAVE A MEDICAL PROBLEM SUCH AS BLEEDING OR INJURIES THAT REQUIRES IMMEDIATE MEDICAL ATTENTION?			YES	NO	1. IS INMATE UNCONSCIOUS?	YES	NO
2. ARE YOU CARRYING ANY MEDICATIONS OR TAKING MEDICATION CURRENTLY?			YES	NO	2. DOES INMATE HAVE OBVIOUS PAIN, BLEEDING, INJURIES, ILLNESS OR OTHER SYMPTOMS SUGGESTING NEED FOR EMERGENCY MEDICAL REFERRAL?	YES	NO
3. ARE YOU ALLERGIC TO ANY MEDICATIONS?			YES	NO			
4. DO YOU HAVE ANY ALLERGIES?			YES	NO	3. DOES INMATE HAVE AN ARREST INJURY?	YES	NO
5. HAVE YOU BEEN IN A HOSPITAL OR EMERGENCY ROOM IN THE PAST 6 MONTHS?			YES	NO	4. IS THERE OBVIOUS FEVER, SWOLLEN GLANDS, JAUNDICE, OR OTHER EVIDENCE OF INFECTION?	YES	NO
6. HAVE YOU FAINTED OR HAD A HEAD INJURY WITHIN PAST 6 MONTHS?			YES	NO	5. IS THERE EVIDENCE OF BODY VERMIN OR INFESTATION?	YES	NO
7. HAVE YOU BEEN TO A DOCTOR IN THE PAST 6 MONTHS?			YES	NO	6. IS THERE EVIDENCE OF A SKIN RASH?	YES	NO
8. ARE YOU ON A SPECIAL DIET?			YES	NO	7. IS THERE EVIDENCE OF A CHRONIC COUGH?	YES	NO
9. DO YOU WEAR DENTURES OR PARTIAL PLATES?			YES	NO	8. ARE THERE SIGNS OF NEEDLE MARKS OR INDICATIONS OF DRUG ABUSE?	YES	NO
10. DO YOU WEAR GLASSES OR CONTACT LENSES?			YES	NO	9. DOES THE INMATE HAVE A PHYSICAL HANDICAP OR SHOW EVIDENCE OF RESTRICTED MOBILITY?	YES	NO
11. DO YOU HAVE A PROSTHESIS, SPLINT, CRUTCHES, CAST OR BRACE THAT YOU NEED WHILE HERE?			YES	NO			
DO YOU HAVE A CONTAGIOUS OR COMMUNICABLE DISEASE?			YES	NO	10. DATE OF LAST TETANUS		
12. DO YOU HAVE PROBLEMS WITH CHRONIC COUGH, DIARRHEA OR HEART CONDITION?			YES	NO	COMMENTS:		
14. DO YOU HAVE ANY ACUTE DENTAL PROBLEMS?			YES	NO			
15. DO YOU HAVE ANY MEDICAL PROBLEMS WE SHOULD KNOW ABOUT?			YES	NO			
16. ARE YOU COVERED BY MEDICAL INSURANCE OR BENEFITS PROGRAM?			YES	NO			
17. HAVE YOU BEEN IN THIS FACILITY BEFORE?			YES	NO			
FEMALE INMATES ONLY							
1. ARE YOU PREGNANT?			YES	NO			
2. ARE YOU ON BIRTH CONTROL PILLS?			YES	NO			
3. HAVE YOU RECENTLY DELIVERED, HAD A MISCARRIAGE OR ABORTION?			YES	NO			
SUMMARY/DISPOSITION							
<input type="checkbox"/> ORIENTATION TO MEDICAL UNIT/SERVICES				<input type="checkbox"/> REFERRAL FOR ROUTINE MEDICAL EVALUATION			
<input type="checkbox"/> TRANSFER TO EMERGENCY ROOM FOR ACUTE MEDICAL PROBLEM				<input type="checkbox"/> CURRENTLY ON MEDICATION			
<input type="checkbox"/> REFERRAL FOR IMMEDIATE MEDICAL EVALUATION				<input type="checkbox"/> NON-EMERGENCY MEDICAL PROBLEM			
SCREENING INCOMPLETE DUE TO INMATE'S MENTAL STATUS				<input type="checkbox"/> NO MEDICAL PROBLEMS IDENTIFIED OR REPORTED			
<input type="checkbox"/> INMATE REFUSED TO COOPERATE WITH SCREENING							
SCREENED BY					DATE	TIME	
RECEIVED BY					DATE	TIME	



DEPARTMENT OF CORRECTIONS
TRANSFER/RECEIVING SCREENING - MEDICAL

Transferring institution:

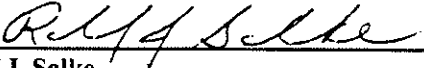
Inmate Name		DOC Number		Date	Time <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
V <input type="checkbox"/> H <input type="checkbox"/> Other <input type="checkbox"/>	Age	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Food Handling Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	
gias					
Current acute conditions/problems					
Current conditions/problems					
Current medications - name, dosage, frequency, duration					
Acute short-term medications					
Chronic long-term medications					
Chronic psychotropic medications					
Current treatments					
Follow-up care needed					
Last ppd	Results-MM	If positive -- treatment dates	Date of last physical	M-score	Duty status
Chronic clinics			Specialty referrals		
Past medical history					
Physical disabilities/limitations			Assistive devices/prosthetics	Glasses	Contacts
Mental health history/concerns					
Substance abuse <input type="checkbox"/> Yes <input type="checkbox"/> No Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No Drugs <input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> HX suicide attempt <input type="checkbox"/> HX psychotropic medication <input type="checkbox"/> Previous psychiatric hospitalizations					
Signature		Title		Date	
TRANSFER RECEPTION SCREENING		DATE	TIME <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Receiving Institution	
S.O.A.P. FORMAT					
S. Current complaint _____ _____ Current medications/treatment _____ _____ _____ _____ O. Physical appearance/behavior _____ _____ _____ _____ Deformities: acute/chronic _____ _____ T _____ P _____ R _____ B/P _____ / _____ A. _____			P. Disposition (instructions: check or circle as appropriate) <input type="checkbox"/> Routine sick call -- instructions given <input type="checkbox"/> Emergency referral <input type="checkbox"/> HIV/TB instruction given <input type="checkbox"/> Physician referral <input type="checkbox"/> urgent <input type="checkbox"/> routine <input type="checkbox"/> Medication evaluation <input type="checkbox"/> Work/program limitation <input type="checkbox"/> Special housing <input type="checkbox"/> Specialty referrals <input type="checkbox"/> Chronic clinics <input type="checkbox"/> Other <input type="checkbox"/> Infirmary placement Other _____ _____ Signature and title _____		

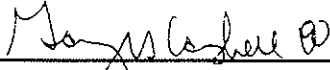
MISSOURI DEPARTMENT OF CORRECTIONS
INSTITUTIONAL SERVICES
POLICY AND PROCEDURE MANUAL

IS11-55

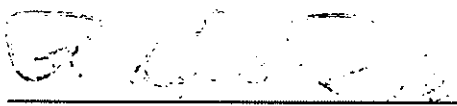
Perinatal Care (Essential)

Effective Date: October 15, 1999


Ralf J. Salke
CMS Regional Manager


Gary H. Campbell, D.O.
CMS Regional Medical Director


George A. Lombardi, Director
Division of Adult Institutions


R. Dale Riley, Director
Division of Offender Rehabilitative
Services

- *****
- I. **Purpose:** This procedure ensures that appropriate prenatal care is provided to all pregnant offenders.
- A. **AUTHORITY:** 217.040, 217.175, 217.320 RSMo, NCCHC Standards for Health Services in Prisons, 1997
- B. **APPLICABILITY:** Standard Operating Procedure (SOP) specific to provision of health services procedures at the institution should be developed by the health services administrator in consultation with the medical director, other professional medical providers, and the superintendent/designee.
- C. **SCOPE:** Nothing in this procedure is intended to give a protected liberty interest to any offender. This procedure is intended to guide staff actions.
- II. **DEFINITION:**
- None
- III. **PROCEDURES:**
- A. Upon confirmation of pregnancy a complete history should be completed on the Prenatal Health History and Physical (Page 1) (Attachment A) by nursing staff and the offender scheduled to see the obstetrician.
- B. The obstetrician's recommendations for care, medications, and return visits should be implemented.
- C. Pregnant offenders should receive monthly counseling and education in self-care, activity and exercise, and nutritional requirements. This care is documented in the medical record utilizing the Prenatal History and Physical (Page 2) (Attachment B) the Prenatal History and Physical (Page 3) (Attachment C), and Prenatal Laboratory and Education (Attachment D).

Effective Date: October 15, 1999

- D. Physical activity, diet, and work restrictions should be at the discretion of the obstetrician in cooperation with the medical director. Any special orders or restrictions should be communicated in writing to the appropriate department.
- E. All nursing and physician encounters should document fetal heart tones.
- F. Delivery should be at the hospital designated by the obstetrician.
- G. Follow-up care following delivery shall be directed by the obstetrician.
- H. The department and CMS assume no financial responsibility for newborn care and treatment for tubal ligation following delivery.
- I. A list of all pregnant offenders and their due dates should be sent to classification monthly so that caseworkers may counsel mothers about disposition of their babies.

IV. ATTACHMENTS

- A. 931-4177 Prenatal History and Physical (Page 1)
- B. 931-4178 Prenatal History and Physical (Page 2)
- C. 931-4179 Prenatal History and Physical (Page 3)
- D. 931-4172 Prenatal Laboratory and Education

V. REFERENCES:

- A. National Commission on Correctional Health Care: Standards for Health Services in Prisons, 1997. P-55.

VI. HISTORY: This policy was originally covered by IS11-57, located in the Missouri Department of Corrections Institutional Policy and Procedures Manual; Original Rule Effective: August 15, 1994

- A. Original Effective Date: August 15, 1994
- B. Revised Effective Date: October 15, 1999



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
PRENATAL HISTORY AND PHYSICAL (PAGE 1)

DATE

OFFENDER NAME

LAST

FIRST

MIDDLE

DOC NUMBER

HOSPITAL OF DELIVERY

CLINICAL EDO

PRIMARY PROVIDER/GROUP

BIRTH DATE MM/DD/YYYY	AGE	RACE	MARITAL STATUS	OCCUPATION <input type="checkbox"/> HOMEMAKER <input type="checkbox"/> OUTSIDE WORK <input type="checkbox"/> STUDENT	TYPE OF WORK	EDUCATION (LAST GRADE COMPLETED)
HUSBAND/FATHER OF BABY			TELEPHONE NUMBER	EMERGENCY CONTACT	TELEPHONE NUMBER	
TOTAL PREG	FULL TERM	PREMATURE	AB. INDUCED	AB. SPONTANEOUS	ECTOPICS	MULTIPLE BIRTHS
						LIVING

MENSTRUAL HISTORY

LMP ☐ DEFINITE ☐ APPROXIMATE (MONTH KNOWN) MENSES MONTHLY ☐ YES ☐ NO FREQUENCY: 0 ____ DAYS MENARCHE ____ (AGE ONSET)
☐ UNKNOWN ☐ NORMAL AMOUNT/DURATION PRIOR MENSES ____ DATE ON BCP AT CONCEPT ☐ YES ☐ NO RCG + ____/____/____
☐ FINAL

PAST PREGNANCIES (LAST SIX)

DATE MONTH/YEAR	GA WEEKS	LENGTH OF LABOR	BIRTH WEIGHT	SEX M/F	TYPE DELIVERY	ANES.	PLACE OF DELIVERY	PRETERM LABOR YES/NO	COMMENTS/COMPLICATIONS

PHYSICAL MEDICAL HISTORY

	O NEG + POS.	DETAIL POSITIVE REMARKS INCLUDE DATE & TREATMENT		O NEG + POS.	DETAIL POSITIVE REMARKS INCLUDE DATE & TREATMENT
1. DIABETES			16. D (Rh) SENSITIZED		
2. HYPERTENSION			17. PULMONARY (TB, ASTHMA)		
3. HEART DISEASE			18. ALLERGIES (DRUGS)		
4. AUTOIMMUNE DISORDER			19. BREAST		
5. KIDNEY DISEASE/UTI			20. GYN SURGERY		
6. NEUROLOGIC/EPILEPSY			21. OPERATIONS/HOSPITALIZATIONS (YEAR & REASON)		
7. PSYCHIATRIC			22. ANESTHETIC COMPLICATIONS		
8. HEPATITIS/LIVER DISEASE			23. HISTORY OF ABNORMAL PAP		
9. VARICOSITIES/PHLEBITIS			24. UTERINE ANOMALY/OES		
10. THYROID DYSFUNCTION			25. INFERTILITY		
11. TRAUMA/DOMESTIC VIOLENCE			26. RELEVANT FAMILY HISTORY		
12. HISTORY OF BLOOD TRANSFUS.			27. OTHER		
	AMT/DAY PRE PREG	AMT/DAY PREG	# YEARS USE		
13. TOBACCO					
14. ALCOHOL					
15. STREET DRUGS					

COMMENTS



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
PRENATAL HISTORY AND PHYSICAL (PAGE 2)

SYMPTOMS SINCE LMP

OFFENDER NAME

DOC NUMBER

GENETIC SCREENING/TERATOLOGY COUNSELING
INCLUDES PATIENT, BABY'S FATHER, OR ANYONE IN EITHER FAMILY WITH:

YES NO

YES NO

1. PATIENT'S AGE \geq 35 YEARS			12. MENTAL RETARDATION/AUTISM		
2. THALASSEMIA (ITALIAN, GREEK, MEDITERRANEAN, OR ASIAN BACKGROUND); MCV $<$ 60			IF YES, WAS PERSON TESTED FOR FRAGILE X?		
3. NEURAL TUBE DEFECT (MENINGOMYELOCELE, SPINA BIFIDA, OR ANENCEPHALY)			13. OTHER INHERITED GENETIC OR CHROMOSOMAL DISORDER		
4. CONGENITAL HEART DEFECT			14. MATERNAL METABOLIC DISORDER (EG. INSULIN-DEPENDENT DIABETES, PKU)		
5. DOWN SYNDROME			15. PATIENT OR BABY'S FATHER HAD A CHILD WITH BIRTH DEFECTS NOT LISTED ABOVE		
6. TAY-SACHS (EG. JEWISH, CAJUN, FRENCH-CANADIAN)			16. RECURRENT PREGNANCY LOSS, OR A STILLBIRTH		
7. SICKLE CELL DISEASE OR TRAIT (AFRICAN)			17. MEDICATIONS/STREET DRUGS/ALCOHOL SINCE LAST MENSTRUAL PERIOD		
8. HEMOPHILIA			IF YES, AGENT(S):		
9. MUSCULAR DYSTROPHY			18. ANY OTHER		
10. CYSTIC FIBROSIS					
11. HUNTINGTON CHOREA					

COMMENTS/COUNSELING:

INFECTION HISTORY

YES NO

YES NO

1. H. RISK HEPATITIS B/IMMUNIZED?			4. RASH OR VIRAL ILLNESS SINCE LAST MENSTRUAL PERIOD		
2. LIVED WITH SOMEONE WITH TB OR EXPOSED TO TB			5. HISTORY OF STD, GC, CHLAMYDIA, HPV, SYPHILIS		
3. PATIENT OR PARTNER HAS HISTORY OF GENITAL HERPES			6. OTHER (SEE COMMENTS)		

COMMENTS

INTERVIEWER'S SIGNATURE

INITIAL PHYSICAL EXAMINATION

DATE	PREPREGNANCY WEIGHT	HEIGHT	BP
1. HEENT	<input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL	12. VULVA	<input type="checkbox"/> NORMAL <input type="checkbox"/> CONDYLOMA <input type="checkbox"/> LESIONS
2. FUNDI	<input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL	13. VAGINA	<input type="checkbox"/> NORMAL <input type="checkbox"/> INFLAMMATION <input type="checkbox"/> DISCHARGE
3. TEETH	<input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL	14. CERVIX	<input type="checkbox"/> NORMAL <input type="checkbox"/> INFLAMMATION <input type="checkbox"/> LESIONS
4. THYROID	<input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL	15. UTERUS SIZE	____ WEEKS <input type="checkbox"/> FIBROIDS
5. BREASTS	<input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL	16. ADNEXA	<input type="checkbox"/> NORMAL <input type="checkbox"/> MASS
6. LUNGS	<input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL	17. RECTUM	<input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL
7. HEART	<input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL	18. DIAGONAL CONJUGATE	<input type="checkbox"/> REACHED <input type="checkbox"/> NO _____ CM
8. ABDOMEN	<input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL	19. SPINES	<input type="checkbox"/> AVERAGE <input type="checkbox"/> PROMINENT <input type="checkbox"/> BLUNT
9. EXTREMITIES	<input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL	20. SACRUM	<input type="checkbox"/> CONCAVE <input type="checkbox"/> STRAIGHT <input type="checkbox"/> ANTERIOR
10. SKIN	<input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL	21. SUBPUBIC ARCH	<input type="checkbox"/> NORMAL <input type="checkbox"/> WIDE <input type="checkbox"/> NARROW
11. LYMPH NODES	<input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL	22. GYNECOID PELVIC TYPE	<input type="checkbox"/> YES <input type="checkbox"/> NO

COMMENTS

EXAM BY

MO 931-4179 (3-99)



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
PRENATAL LABORATORY AND EDUCATION

OFFENDER NAME		DOC NUMBER		
INITIAL LABS		DATE	RESULT	REVIEWED
DOB TYPE	/ /	A B AB O		
O (Rh) TYPE	/ /			
ANTIBODY SCREEN	/ /			
HCT/HGB	/ /	% g/dL		
PAP TEST	/ /	NORMAL / ABNORMAL /		
RUBELLA	/ /			
VORL	/ /			
URINE CULTURE/SCREEN	/ /			
HBsAG	/ /			
HIV COUNSELING/TESTING	/ /	<input type="checkbox"/> POS. <input type="checkbox"/> NEG <input type="checkbox"/> DECLINED		
OPTIONAL LABS		DATE	RESULT	REVIEWED
HGB ELECTROPHORESIS	/ /	AA AS SS AC SC AF T _h		
PPD	/ /			
CHLAMYDIA	/ /			
GC	/ /			
TAY-SACHS	/ /			
OTHER				
8-18 - WEEK LABS (WHEN INDICATED/ELECTED)		DATE	RESULT	REVIEWED
ULTRASOUND	/ /			
MSAPP/MULTIPLE MARKERS	/ /			
AMINO/CVS	/ /			
KARYOTYPE	/ /	46, XX OR 46, XY / OTHER		
AMNIOTIC FLUID (AFP)	/ /	NORMAL ABNORMAL		
28 - WEEK LABS (WHEN INDICATED)		DATE	RESULT	REVIEWED
HGB	/ /	% g/dL		
BETES SCREEN	/ /	1 HOUR		
IT (IF SCREEN ABNORMAL)	/ /	FBS 1 HOUR 2 HOUR 3 HOUR		
O (Rh) ANTIBODY SCREEN	/ /			
O IMMUNE GLOBULIN (RNG) GIVEN (28 WKS)	/ /	SIGNATURE		
32-36 - WEEK LABS (WHEN INDICATED)		DATE	RESULT	REVIEWED
HCT/HGB (RECOMMENDED)	/ /	% g/dL		
ULTRASOUND	/ /			
VORL	/ /			
GC	/ /			
CHLAMYDIA	/ /			
GROUP B STREP (35-37 WKS)	/ /			

COMMENTS/ADDITIONAL LABS

PLANS/EDUCATION (COUNSELED ☐)

<input type="checkbox"/> ANESTHESIA PLANS	<input type="checkbox"/> TUBAL STERILIZATION
<input type="checkbox"/> TOXOPLASMOSIS PRECAUTIONS (CATS/RAW MEAT)	<input type="checkbox"/> VBAC COUNSELING
<input type="checkbox"/> CHILDBIRTH CLASSES	<input type="checkbox"/> CIRCUMCISION
<input type="checkbox"/> PHYSICAL/SEXUAL ACTIVITY	<input type="checkbox"/> TRAVEL
<input type="checkbox"/> LABOR SIGNS	<input type="checkbox"/> LIFESTYLE, TOBACCO, ALCOHOL
<input type="checkbox"/> NUTRITION COUNSELING	REQUESTS
<input type="checkbox"/> BREAST OR BOTTLE FEEDING	
<input type="checkbox"/> NEWBORN CAR SEAT	

POSTPARTUM BIRTH CONTROL TUBAL STERILIZATION DATE INITIALS
ENVIRONMENTAL/WORK HAZARDS CONSENT SIGNED / / / /

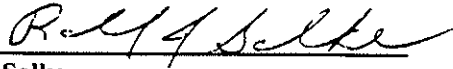
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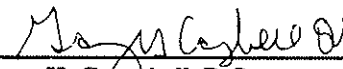
MISSOURI DEPARTMENT OF CORRECTIONS
INSTITUTIONAL SERVICES
POLICY AND PROCEDURE MANUAL

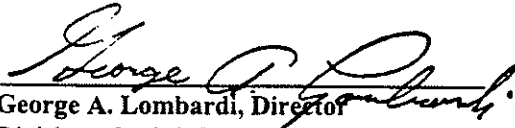
IS11-54


Intoxication and Withdrawal
(Essential)

Effective Date: October 15, 1999


Ralf J. Salke
CMS Regional Manager


Gary H. Campbell, D.O.
CMS Regional Medical Director


George A. Lombardi, Director
Division of Adult Institutions


R. Dale Riley, Director
Division of Offender Rehabilitative
Services

- *****
- I. **Purpose:** This procedure establishes guidelines for the treatment and observation of offenders manifesting mild or moderate symptoms of intoxication or withdrawal from alcohol and other drugs.
- A. **AUTHORITY:** 217.040, 217.175, 217.320 RSMo, NCCHC Standards for Health Services in Prisons, 1997
- B. **APPLICABILITY:** Standard Operating Procedure (SOP) specific to provision of health services procedures at the institution should be developed by the health services administrator in consultation with the medical director, other professional medical providers, and the superintendent/designee.
- C. **SCOPE:** Nothing in this procedure is intended to give a protected liberty interest to any offender. This procedure is intended to guide staff actions.
- II. **DEFINITION:**
- A. **Acutely Intoxicated:** Life threatening overdose of alcohol or other drugs.
- B. **Detoxification:** The process by which an individual is gradually withdrawn from a drug by the administration of decreasing doses of the drug upon which the person is physiologically dependent, one that is cross-tolerant (antagonistic) to it, or one that has been demonstrated to be effective on the basis of medical research.
- III. **PROCEDURES:**
- A. Offenders thought to be experiencing intoxication or withdrawal should be taken to the medical unit for examination.
- B. Health care staff should assess the offender using the Detoxification Flow Sheet (Attachment A).
- C. Health care staff should notify the medical director or physician on-call for individualized orders for observation and care of the intoxicated offender.

Effective Date: October 15, 1999

- D. Offenders who are acutely intoxicated or are experiencing severe withdrawal should be transported to a community hospital or evaluated by the on-site physician.
- E. An offender at risk of progression to a more serious level of withdrawal should be assessed by a qualified member of the health care staff. The following conditions would indicate such progression:
 - 1. nausea and/or vomiting
 - 2. tremors, tremulousness or agitation
 - 3. known drug abuser
 - 4. past history of seizure and drug abuse
 - 5. auditory and/or visual hallucinations
 - 6. sweating, fever, fast pulse
 - 7. seizures
 - 8. confusion
- F. Detoxification should be performed only under medical supervision following procedures outlined by the medical director infirmary setting.
- G. If an offender's condition deteriorates during the detoxification process, the offender should be transferred to the community hospital.
- H. Initial and on-going assessment should be conducted and documented on the Detoxification Flow Sheet.

IV. ATTACHMENTS

- A. 931-4018 Detoxification Flow Sheet

V. REFERENCES:

- A. National Commission on Correctional Health Care: Standards for Health Services in Prisons, 1997. P-54.

VI. HISTORY: This policy was originally covered by IS11-51, located in the Missouri Department of Corrections Institutional Policy and Procedures Manual; Original Rule Effective: August 15, 1994

- A. Original Effective Date: August 15, 1994
- B. Revised Effective Date: October 15, 1999


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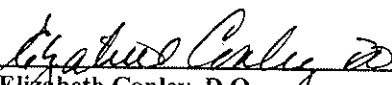
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INSTITUTIONAL SERVICES
POLICY AND PROCEDURE MANUAL

IS11-53

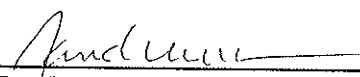
Suicide Prevention

Effective Date: July 28, 2003


Ralf J. Salke
Senior Regional Vice President


Elizabeth Conley, D.O.
Regional Medical Director


George A. Lombardi, Director
Division of Adult Institutions


Rande Kaiser, Director
Division of Offender Rehabilitative
Services

- I. **Purpose:** This procedure establishes guidelines and procedures to manage suicidal or potentially suicidal offenders with security requirements and accepted mental health practices.
- A. **AUTHORITY:** 217.040, 217.175, 217.320 RSMo, NCCHC Standards for Health Services in Prisons, 2003.
- B. **APPLICABILITY:** Standard Operating Procedure (SOP) specific to provision of health services procedures at the institution should be developed by the health services administrator in consultation with the medical director, other professional health providers, and the superintendent/designee.
- C. **SCOPE:** Nothing in this procedure is intended to give a protected liberty interest to any offender. This procedure is intended to guide staff actions.
- II. **DEFINITION:**
- A. **Suicidal Behavior:** Any deliberate act by an offender with either the expressed or implied result being to shorten the lifespan or inflict deliberate, serious self-injury.
- III. **PROCEDURES:**
- A. Offenders should be evaluated upon reception for potentially suicidal behavior as described in IS11-32 Receiving Screening-Intake Unit and IS11-33 Transfer Screening.
- B. Offenders found to have engaged in suicidal behavior or expressing the intent to attempt suicide will be handled according to the procedures outlined in IS12-4.1, Suicide Intervention Procedures.
- C. The Health Service Administrator and Chief of Mental Health Services should insure all staff members who work with offenders are trained to recognize verbal and behavioral cues that indicate potential suicide, and how to respond appropriately.
1. Annual Training should be done with documentation retained in the employee-training file.

Effective Date:

2. Training should include but not limited to; receiving screening related to potential risk, referral, monitoring, and reporting.

IV. ATTACHMENTS

None

V. REFERENCES:

- A. National Commission on Correctional Health Care: Standards for Health Services in Prisons, 2003, P-G-05 Suicide Prevention Program – *essential*.
- B. IS11-10 Notification in Emergencies
- C. IS11-11 Procedure in the Event of an Offender Death
- D. IS11-32 Receiving Screening – Intake Center
- E. IS12-01 Initial Evaluation and Referral Services
- F. IS12-02 Referral Procedures to Mental Health Section
- G. IS12-02.2 Management of Destructive, Potentially Self-Injurious Behavior
- H. IS12-03 Mental Health Programs/Facilities
- I. IS12-04 Crisis Intervention
- J. IS12-04.1 Suicide Intervention Procedures
- K. IS12-04.2 Offender Suicide Observation Assistant Program
- L. IS12-04.3 Mental Health Close Observation
- M. IS12-06 Psychotropic Medications
- N. IS12-06.1 Forced and Involuntary Psychotropic Medications

VI. HISTORY: This policy was originally covered by IS11-54, located in the Missouri Department of Corrections Institutional Policy and Procedures Manual; Original Rule Effective: August 15, 1994

- A. Original Effective Date: August 15, 1994
- B. Revised Effective Date: October 15, 1999
- C. Revised Effective Date:

BOB HOLDEN
Governor

GARY B. KEMPKER
Director



2729 Plaza Drive
P.O. Box 236
Jefferson City, Missouri 65102
Telephone: 573-751-2389
Fax: 573-751-4099
TDD Available

State of Missouri
DEPARTMENT OF CORRECTIONS

Ad Excelleum Conamur - "We Strive Towards Excellence"

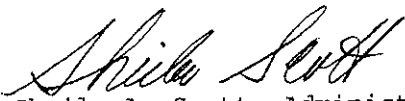
OFFICE OF INSPECTOR GENERAL

Compliance Unit

M e m o r a n d u m

DATE: April 15, 2004

TO: Institutional Services Policy and Procedure Manual Holders

FROM: 
Sheila A. Scott, Administrative Analyst III

SUBJECT: IS11-52 Infirmary/Transitional Care Service

Attached is the policy covering IS11-52 Infirmary/Transitional Care Service. The policy has been revised and should be reviewed in its entirety.

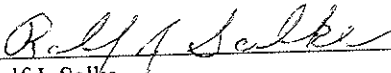
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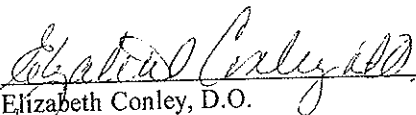
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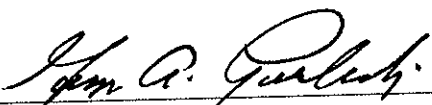
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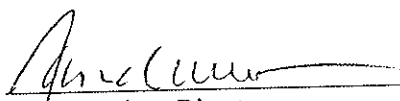
IS11-52 Infirmery / Transitional Care
 Service

Effective Date: May 14, 2004


Ralf J. Salke
Senior Regional Vice President


Elizabeth Conley, D.O.
Regional Medical Director


George A. Lombardi, Director
Division of Adult Institutions


Rande Kaiser, Director
Division of Offender Rehabilitative Services

I. **Purpose:** This procedure has been developed to provide appropriate supervised nursing care for offenders who cannot be adequately cared for in housing units, but do not require acute care hospitalization.

A. **AUTHORITY:** 217.175, 217.320 RSMo, NCCHC Standards for Health Services in Prisons, 2003.

B. **APPLICABILITY:** All offenders and staff in a correctional center and institutional treatment center under the jurisdiction of the Division of Adult Institution or Division of Offender Rehabilitative Services. Standard Operating Procedure (SOP) specific to provision of health services procedures at the institution should be developed by the health services administrator in consultation with the medical director, other professional medical providers, and the superintendent/designee.

C. **SCOPE:** Nothing in this procedure is intended to give a protected liberty interest to any offender. This procedure is intended to guide staff actions.

II. **DEFINITION:**

A. **Acute:** A disease or disease symptoms beginning abruptly with marked intensity or sharpness, then subsiding after a relatively short period of time.

B. **Acute Care:** A pattern of health care in which a patient is treated for an acute episode of illness, for the sequelae of an accident or other trauma or during recovery from surgery.

C. **Acute Disease:** A disease characterized by a relatively short duration of symptoms that are usually severe. An episode of acute disease results in recovery to a state comparable to the patient's state of health and activity prior to the disease, in passage into a chronic phase.

D. **Auditory:** The sense of hearing.

Effective Date: May 14, 2004

- E. **Chronic:** A disease or disorder developing slowly and persisting for a long period of time, often for the remainder of the lifetime of the patient. Glaucoma is an example of a disease that may develop gradually and insidiously.
- F. **Chronic Care:** A pattern of medical and nursing care that focuses on long-term care of people with chronic diseases or conditions either at home or in a medical facility. It includes care specific to the problem, as well as other measures to encourage self-care, to promote health, and to prevent loss of function.
- G. **Chronic Disease:** A disease that persists over a long period of time as compared with the course of an acute disease. The symptoms of chronic disease are usually less severe than those of the acute phase of the same disease. Chronic disease may result in complete or partial disability.
- H. **Daily:** 24 hour period, 7 days a week.
- I. **Exacerbation:** An increase in the seriousness of a disease or disorder as marked by greater intensity in the signs or symptoms of the patient being treated.
- J. **Infirmary Care / Transitional Care Unit (TCU):** Care provided to patients with an illness or diagnosis that requires daily monitoring, medication and/or therapy or assistance with activities of daily living at a level needing skilled nursing intervention.
- K. **Medical Accountability Record System (MARS):** The electronic medical record system utilized by the Missouri Department of Corrections.
- L. **Medical Observation Area:** An area that allows for short-term observation of a patient's health status. It may or may not be a part of the Infirmary/Transitional Care unit.
- M. **Observation:** Beds assigned/designated as use for medical or mental observation for specific purposes, such as watching the patient's response to a change in medication regimen; preparation for diagnostics, outpatient procedures or recovering from day surgeries, medical procedures, or behavioral actions that appear questionable.
- N. **Sequelae:** Any abnormal condition that follows and is the result of a disease, treatment, or injury, such as paralysis after poliomyelitis, deafness after treatment with an ototoxic drug, or scar formation after a laceration.
- O. **Sheltered Housing:** Provides a protective environment that does not require 24-hour nursing care as opposed to an infirmary/transitional care unit, or observation beds,. The beds can be in the infirmary/transitional care unit, or in other designated areas of the facility (e.g., where hospice-level care is provided). Sheltered housing is equivalent to home care for those not confined to a correctional facility.
- P. **Shift:** An 8 hour time period, 7 days a week. For the purpose of this procedure a shift will occur 3 times in a 24 hour period.
- Q. **Weekday:** Monday through Friday, exception of a state recognized holiday.
- R. **Within Sight or Hearing:** Means that the patient can gain the attention of the health care professional through visual or auditory signals. Call lights and buzzer systems may be in place. The use of nonmedical staff to alert health staff in the event of need does not constitute compliance.

III. PROCEDURES:

- A. Offenders requiring services other than general ambulatory care should be transported to a facility with an infirmery/transitional care unit or local hospital, if an infirmery/transitional care unit or observational services are not provided at the institution. Acute care is usually provided in a controlled environment as provided in an Infirmery/Transitional Care Unit. This pattern of care is often necessary for only a short time, unlike chronic care.
- B. Admission to and discharge from an infirmery/transitional care unit or medical observation area should be on the order of a licensed physician and documented on the Infirmery Log (Attachment A).
- C. If the offender must be transferred to another institution for infirmery/transitional care, or medical observation area, health care staff will notify the associate superintendent/designee of the need to transfer and submit a Medical Appointment form (Attachment B).
- D. The sending institution should complete a Transfer/Receiving Screening-Medical form (Attachment C) and place it inside the offender medical record.
 - 1. The medical record should accompany the offender as outlined in IS11-64 Transfer of Medical Records.
- E. The scope of care provided in the infirmery/transitional care unit may include, but is not limited to such illnesses/diagnoses/conditions as:
 - 1. short-term care for offenders with self-limiting illnesses or injuries,
 - 2. long-term care for offenders with chronic medical conditions that occasionally need medical services that cannot be supplied in general population,
 - 3. care for offenders with certain contagious conditions such as acute active hepatitis, chicken pox and active tuberculosis,
 - 4. care for offenders after discharge from an acute care facility needing convalescent care for medical, surgical or diagnostic conditions,
 - 5. care for offenders prior to admission to an acute care facility for a medical, surgical or diagnostic procedure, and
 - 6. observation after receiving treatment in an emergency department.
- F. The scope of care provided in medical observation areas may include, but is not limited to such illnesses/diagnoses/conditions as:
 - 1. care for offenders prior to or after admission to an acute care facility for a medical, surgical, or diagnostic procedure and or after as clinically indicated,
 - 2. observation after receiving treatment in an emergency department,
 - 3. observation after receiving treatment for a self-declared emergency, and
 - 4. observation of offender who may be developing an acute exacerbation of a chronic disease.

Effective Date: May 14, 2004

- G. The medical director should have overall responsibility for the quality of care in the infirmary/transitional care unit, and medical observation areas and should monitor the care provided.
- H. A physician should be on-call daily and should make rounds as required by the offender's condition.
 - 1. Documentation of the condition should be made in each offender's medical record in the medical accountability record system (MARS).
 - 2. Offenders will be followed according to the following minimum guidelines.
 - 3. Offenders with an acute illness or injury, or an acute exacerbation of a chronic process, shall be seen by the physician each weekday.
 - a. At a minimum the facility medical director/designee should be contacted by phone on weekends and holidays for review of patient care and treatment considerations as indicated by symptoms.
 - 4. Offenders with chronic diagnoses who have no acute problems shall be seen by the physician monthly, depending on the offender's current health status.
 - 5. Offenders on observation status shall be seen by the physician each working day that a physician is scheduled to be on-site.
- I. The Director of Nursing or supervising registered nurse should supervise the infirmary/transitional care unit seven days a week.
 - 1. There shall be a registered nurse on duty daily.
- J. The nursing staff should make rounds at least every shift. Encounters should be documented in the medical accountability record system and /or the Graphics Record form (Attachment D) according to the following minimum guidelines:
 - 1. A nurse encounter note should be written every shift at a minimum to include vital signs for patients not otherwise defined in this procedure.
 - 2. Patients enrolled in chronic care clinics will be seen in addition to their infirmary/transitional care status to retain their regularly scheduled chronic care clinic visits for nursing and physician encounters.
 - 3. A nurse encounter note should be written every 24 hours for observation patients.
- K. All offenders in the infirmary/transitional care unit should be within sight or sound of health care staff at all times.
- L. The entire medical record should be available in the infirmary/transitional care unit during the infirmary/transitional care stay. Each offender's medical record should be reviewed by the nurse assigned to infirmary/transitional care unit at the beginning of each nursing shift and after each physician visit for orders and changes.

Effective Date: May 14, 2004

- M. Nursing procedures should be guided by Swearingen's Nursing Procedure Manual, available in the infirmary/transitional care unit.
- N. The physician should record an admission note with orders in the medical accountability record system for each offender admitted to the infirmary/transitional care unit.
 - 1. The admission orders should include;
 - a. diagnosis,
 - b. activity,
 - c. diet,
 - d. treatments,
 - e. medications, and
 - f. other applicable orders.
- O. Each offender should be assessed as ordered by the physician or as indicated by their medical condition.
 - 1. Assessment, including vital signs, and documentation using SOAP format shall be performed minimally and recorded in the medical accountability record system as follows.
 - a. A nurse encounter note should be written in the medical accountability record system every 2-4 hours for acute patients as indicated by patient "acute" status and/or as ordered by the responsible physician.
 - 1. Documentation should be timed to reflect the actual encounters and events.
 - 2. Entries can not be entered that cover the entire shift (i.e., 7-3 shift note, 3-11 note, etc.) and
 - 3. when identified as "acute" status by the responsible physician, or patient symptoms.
 - b. A nurse encounter note should be written in the medical accountability record system daily to include vital signs for permanent infirmary/transitional care unit patients.
 - 2. A nurse encounter note should be written in MARS every 2-4 hours for the first 24 hours for observation patients.
 - a. Entries cannot be entered that cover the entire shift (i.e., 7-3 shift note, 3-11 note, etc.).
- P. Significant changes in the offender's health status should be reported to the physician and documented in the medical accountability record system by the assigned infirmary/transitional care unit nurse before the nurse shift change may conclude.

Effective Date: May 14, 2004

- Q. Orders for discharge or transfer should be obtained from the physician.
1. The physician should order transfers or discharges from the infirmary/transitional care unit in a discharge note documented in the medical accountability record system.
 2. A nursing discharge summary should be documented in the medical accountability record system by the releasing nurse when the offender leaves the infirmary/transitional care unit.
 - a. Medication orders will be confirmed at this time.
 3. Infirmary/transitional care nursing staff should schedule physician ordered follow-up for medication renewal, return follow-up visits, treatments as necessary to insure continuity of patient care.
 4. After care instructions should be provided to the offender, verbally and when appropriate, in writing.
 - a. Written instructions when indicated may be provided using the Lay-in/Medical/Duty Restrictions form (Attachment E).
 5. The infirmary/transitional care unit medical record should be placed in a designated area for the physician to review.
 6. Nursing staff should note the discharge on the Infirmary Log.
 7. Nursing staff should contact by telephone the nursing and physician staff from the offender's assigned institution to notify them of pending discharge, current status and discharge orders.
- R. The housing infirmary/transitional care unit, director of nursing/designee should notify the director of nursing/designee of the offender's assigned institution by telephone to arrange for the offender's return following discharge.
1. The director of nursing/designee at the offender's assigned institution will notify the custody staff by telephone of the offender's discharge so that transportation arrangements can be made.
- S. All infirmary/transitional care unit facilities will permit the following amenities for offenders assigned to the infirmary/transitional care unit with exception specific to suicide observation camera cell;
1. permit personal television after being assigned for over 2-weeks or provide access to a community television when electrical outlets are not available for personal televisions;
 2. permit personal radios or the institution may provide a radio after being assigned for over 2-weeks;
 3. provide access to a telephone;
 4. permit access to a chaplain;
 5. permit access to religious VIC's;

Effective Date: May 14, 2004

6. permit access to reading materials;
7. ensure classification staff are notified of offenders infirmary/transitional care unit housing;
8. permit selected canteen purchases in accordance with medical restrictions and storage limitations as outlined in the institutional/transitional care unit standard operating procedures;
9. permit access to library and/or recreation with approval of the infirmary/transitional care physician,
10. permit visits in the visiting room, when the medical condition allows and such visits are authorized by the responsible physician and as described in established procedures, IS13-3.1 Offender Visitors, and D5-3.4 Visiting Restrictions/Sexual Offenders of Children, and
11. offenders admitted to infirmary/transitional care unit camera cell observation will be permitted amenities as described in established procedures IS12-2.2 Management of Destructive, Potentially Self-Injurious Behavior, IS12-4.1 Suicide Intervention Procedures and IS12-4.3 Mental Health Close Observation.

T. Offenders admitted to Potosi, Eastern Reception Diagnostic, Western Reception Diagnostic, Women's Eastern Reception Diagnostic, South Central and Tipton Correctional Center's infirmary/transitional care unit suicide observation camera cell shall qualify as:

1. Those offenders who pose an imminent danger of self-harm and/or require medical observation in addition to suicide watch.
 - a. Also refer to established procedures IS12-2.2 Management of Destructive, Potentially Self-Injures Behavior, IS12-4.1 Suicide Intervention Procedures and IS12-4.3 Mental Health Close Observation will be followed.
2. Admission of an offender to an infirmary/transitional care suicide observation camera cell will be a joint decision of the offender's assigned facility chief of mental health services/designee and the housing infirmary/transitional care unit medical director/designee.
 - a. During regular business hours the chief of mental health services/designee shall notify the facility medical director/designee of the need for an offender placement in an infirmary/transitional care unit suicide observation camera cell within an infirmary/transitional care unit.
 - b. Times other than regular business hours the on-call mental health professional will initially determine the need for admission of an offender to a suicide observation camera cell within an infirmary/transitional care unit.
3. The mental health professional may place an offender in the infirmary/transitional care unit suicide observation camera cell for up to 24 hours without a physician or psychiatrist order if after regular business hours.
 - a. The mental health professional will notify the infirmary/transitional care charge nurse and the on-call psychiatrist of the admission.

Effective Date: May 14, 2004

- b. The transitional care charge nurse will notify the facility medical director or on-call physician of the offender's admission.
 4. Any security concerns expressed or presented in response to an admission or discharge of an offender from an infirmary/transitional care unit suicide observation camera cell will be referred by the mental health professional to the institutional shift supervisor and or the facility duty officer to resolve.
 - a. The institutional chief of mental health/designee will contact the shift supervisor during regular business hours and the duty officer for times other than regular business hours.
 5. The institutional chief of mental health and psychiatrist will review all infirmary/transitional care suicide observation camera cell admissions the next regular scheduled day following such admission.
 6. Offenders admitted to the infirmary/transitional care unit camera cells will be:
 - a. seen and assessed by mental health staff as established in IS12-4.1 Suicide Intervention Procedures, with documentation recorded in the medical accountability record system,
 - b. seen and assessed by the nurse and medical physician as established in above described infirmary/transitional care unit procedures III.A. through S.11.,
 - c. determination to discontinue a suicide observation in an infirmary/transitional care unit camera cell should only be made by a mental health professional or psychiatrist, and
 - d. discharge from an infirmary/transitional care unit camera cell can only be ordered by the psychiatrist or medical physician.

IV. ATTACHMENTS

- | | | |
|----|----------|--------------------------------------|
| A. | 931-4174 | Infirmary Log |
| B. | 931-1842 | Medical Appointment |
| C. | 931-3863 | Transfer/Receiving Screening-Medical |
| D. | 931-3822 | Graphic Record |
| E. | 931-4061 | Lay-in/Medical/Duty Restriction |

V. REFERENCES:

- | | |
|----|---|
| A. | National Commission on Correctional Health Care: Standards for Health Services in Prisons, 2003, P-G-03 Infirmary Care – <i>essential</i> . |
| B. | CMS – Infirmary / Transitional Care Unit Reference Modules |
| C. | IS11-33 Transfer Screening |
| D. | IS11-64 Transfer of Medical Records |
| E. | IS12-2.2 Management of Destructive, Potentially Self-Injurious Behavior |
| F. | IS12-4.1 Suicide Intervention Procedures |
| G. | IS12-4.3 Mental Health Close Observation |
| H. | IS13-3.1 Offender Visitors |

Effective Date: May 14, 2004

I. D5-3.4 Visiting Restrictions/Sexual Offenders of Children

VI. HISTORY: This procedure was originally covered by IS11-53 Infirmary Care and IS11-53.1 Infirmary Care Procedure located in the Missouri Department of Corrections Institutional Services Policy and Procedures Manual; Original Rule Effective: August 15, 1994

A. Original Effective Date: August 15, 1994

B. Revised Effective Date: October 15, 1999

C. Revised Effective Date: May 14, 2004

STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
INFIRMARY LOG

DATE _____

[illegible]



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
MEDICAL APPOINTMENT

ATTACHMENT B

INSTITUTION		DATE	
SUBJECT		INMATE NAME	
DOC NUMBER			
An appointment has been scheduled for the above named inmate as follows:			
MEDICAL FACILITY		DATE	
		TIME <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
PHYSICIAN/CLINIC			
SPECIAL INSTRUCTIONS			
HEALTH CARE SUPERVISOR/DESIGNEE SIGNATURE			

MO 931-1842 (10-93)

DISTRIBUTION: WHITE - CUSTODY; CANARY - MEDICAL RECORD



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
MEDICAL APPOINTMENT

INSTITUTION		DATE	
SUBJECT		INMATE NAME	
DOC NUMBER			
An appointment has been scheduled for the above named inmate as follows:			
MEDICAL FACILITY		DATE	
		TIME <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
PHYSICIAN/CLINIC			
SPECIAL INSTRUCTIONS			
HEALTH CARE SUPERVISOR/DESIGNEE SIGNATURE			

MO 931-1842 (10-93)

DISTRIBUTION: WHITE - CUSTODY; CANARY - MEDICAL RECORD



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS

ATTACHMENT C

TRANSFER/RECEIVING SCREENING – MEDICAL/MENTAL HEALTH

Transferring Institution

Offender Name		DOC Number		Date	Time <input type="checkbox"/> A <input type="checkbox"/> P
Race <input type="checkbox"/> B <input type="checkbox"/> W <input type="checkbox"/> H <input type="checkbox"/> Other	Date of Birth/Age	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Food Handling Approved <input type="checkbox"/> Yes <input type="checkbox"/> No		
Current Medical Problems					
Current Mental Health Problems					
Current Medications - Name, Dosage, Frequency					
Current Treatments					
Follow-up care needed					
Last PPD	Results-MM	If positive – Treatment Dates		Last Physical	
M Score	MH Score	Duty Status			
Chronic Clinics		Pending Specialty Referrals Date/Place			
Significant Medical History					
Physical Disabilities/Limitations			Glasses/Contacts		
Assistive Devices/Prosthetics			Hearing Aid(s)		
Mental Health History/Concerns					

Substance Abuse <input type="checkbox"/> Yes <input type="checkbox"/> No	Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No	Drugs <input type="checkbox"/> Yes <input type="checkbox"/> No	
History Suicide Attempt Date	History Psychotropic Medication Date	Previous Psychiatric Hospitalization Date	
Signature	Title	Date	

Transfer Reception Screening	DATE	TIME <input type="checkbox"/> A M <input type="checkbox"/> P M	Receiving Institution
------------------------------	------	--	-----------------------

S.O.A.P. FORMAT

S. Current Complaint			P. Disposition (instructions: check as appropriate) <input type="checkbox"/> Routine Sick Call – Instructions Given <input type="checkbox"/> Emergency Referral <input type="checkbox"/> HIV/TB Instruction Given <input type="checkbox"/> Physician Referral _____ <input type="checkbox"/> Urgent <input type="checkbox"/> Routine <input type="checkbox"/> Mental Health Referral <input type="checkbox"/> Urgent <input type="checkbox"/> Routine <input type="checkbox"/> TCU Placement		
Current Medications/Treatment					
O. Behavioral/Physical Appearance					
T.	P.	BP.			
A.					
Signature/Title					
Printed Name			Other		



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
GRAPHIC RECORD

OFFENDER NAME																		DOC NUMBER											
INSTITUTION																		DATE OF BIRTH											
DATE																													
HOUR		4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	
Temperature	106																												
	105																												
	104																												
	103																												
	102																												
	101																												
	100																												
	99																												
	98																												
97																													
96																													
Pulse																													
Respirations																													
Hours	4 AM																												
	8 AM																												
Blood Pressure	12 PM																												
	4 PM																												
	8 PM																												
	12 AM																												
Weight	Height																												
Stools	Urine																												
Bath: C-P-T-S																													
Oral Hygiene																													
PM Care	W	F	P																										
Diet	W	F	P																										
Ate																													
Slept																													
Activity																													
Bed rest																													
Bed positioning																													
R.O.M. Exercises																													
Whirlpool																													
Transfers																													
Walk																													
Other:																													
Signature																													
7-3																													
3-11																													
11-7																													



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
LAY-IN/MEDICAL/DUTY RESTRICTIONS

ATTACHMENT E


OFFENDER NAME		DOC NUMBER	INSTITUTION		DATE
CURRENT ASSIGNMENT			HOUSING UNIT		
FULL DUTY - No Restrictions - May Work In Food Service/Food Handling					
LIMITED DUTY OR MEDICAL RESTRICTION (Must Check Restrictions)		Permanent	Limited To (Date)	Able to Attend School, MOSOP Substance Abuse Classes	Able to Attend Work Activities
Nonsmoking Roommate				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
No Prolonged Standing Assignments				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Lifting Restrictions of _____ Pounds				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
No High Places or Use of Ladders				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
No Use of Chainsaws or Other Sharp Objects				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
No Snow Shoveling				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> No or <input type="checkbox"/> Limited Exposure to Cold				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Requires Lower Bunk				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Requires Lower Floor				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
No Recreational Activities				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Can Work In Food Service But Cannot Handle Food				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Other				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
MEDICALLY UNASSIGNED (Must Check One) Inmate is restricted to housing unit unless authorized for release to specific activities.					
Lay-In (Temporary Less Than 48 Hours)				End Date	
NURSE SIGNATURE					
Permanent					
Lay-In (Temporary Over 48 Hours)				End Date	
PHYSICIAN SIGNATURE					

MISSOURI DEPARTMENT OF CORRECTIONS
INSTITUTIONAL SERVICES
POLICY AND PROCEDURE MANUAL

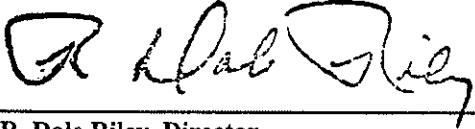
IS11-51 Special Needs Treatment
Plans (Essential)

Effective Date: October 15, 1999


Ralf J. Salke
CMS Regional Manager


Gary H. Campbell, D.O.
CMS Regional Medical Director


George A. Lombardi, Director
Division of Adult Institutions


R. Dale Riley, Director
Division of Offender Rehabilitative
Services

- I. Purpose:** This procedure ensures the health care needs of offenders with special health conditions, including chronic and convalescent care.
- A. AUTHORITY:** 217.040, 217.175, 217.320 RSMo, NCCHC Standards for Health Services in Prisons, 1997
- B. APPLICABILITY:** Standard Operating Procedure (SOP) specific to provision of health services procedures at the institution should be developed by the health services administrator in consultation with the medical director, other professional medical providers, and the superintendent/designee.
- C. SCOPE:** Nothing in this procedure is intended to give a protected liberty interest to any offender. This procedure is intended to guide staff actions.
- II. DEFINITION:**
- A. Special Needs Offenders:** Offenders, who by virtue of their status, require on-going medical attention or require reasonable accommodations to function during activities of daily living.
- III. PROCEDURES:**
- A.** Offenders with special needs identified during the receiving screening process should be scheduled for health assessment and enrollment, as indicated, to chronic care clinics.
- B.** Offenders whose needs cannot be adequately met through chronic care clinics or who develop a specialized need should be treated on an individualized basis utilizing a written multidisciplinary treatment plan. The treatment planning team should consist of the physician, nursing staff, and any other facility staff who can provide input into facilitating the offender's ability to care for him/herself.
- C.** Offenders with individualized treatment plans should be scheduled for physician appointments at least every six (6) months to review and update the treatment plan.

Effective Date: October 15, 1999

- D. The developed special needs treatment plan shall include diet and exercise recommendations, adaptation to the correctional environment, medications, the type and duration of diagnostic testing, and the frequency of follow-up for medical evaluation and adjustment of treatment modalities.

IV. ATTACHMENTS

- A. 931-3803 Special Needs Treatment Planning Form

V. REFERENCES:

- A. National Commission on Correctional Health Care: Standards for Health Services in Prisons, 1997. P-51.

VI. HISTORY: This policy was originally covered by IS11-50, located in the Missouri Department of Corrections Institutional Policy and Procedures Manual; Original Rule Effective: August 15, 1994

- A. Original Effective Date: August 15, 1994
- B. Revised Effective Date: October 15, 1999




STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
SPECIAL NEEDS TREATMENT PLANNING - MEDICAL

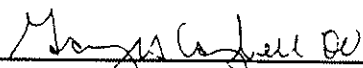
		DOC NUMBER	DATE OF BIRTH
DIAGNOSIS			
DIET			
EXERCISE			
ALLERGIES			
MEDICATION			
LABORATORY/DIAGNOSTIC TESTING			
SHORT-TERM GOAL(S)			
LONG-TERM GOAL(S)			
ROUTINE FOLLOW-UP/FREQUENCY			
SIGNING BY		DATE	
PHYSICIAN REVIEW SIGNATURE		DATE	

MISSOURI DEPARTMENT OF CORRECTIONS
INSTITUTIONAL SERVICES
POLICY AND PROCEDURE MANUAL


IS11-50 Smoke-free Environment (Important)

Effective Date: October 15, 1999


Ralf J. Salke
CMS Regional Manager


Gary H. Campbell, D.O.
CMS Regional Medical Director


George A. Lombardi, Director
Division of Adult Institutions


R. Dale Riley, Director
Division of Offender Rehabilitative
Services

- *****
- I. **Purpose:** This procedure will provide a smoke-free environment for all offenders while inside any building.
- A. **AUTHORITY:** 217.040, 217.175, 217.320 RSMo, NCCHC Standards for Health Services in Prisons, 1997
- B. **APPLICABILITY:** Standard Operating Procedure (SOP) specific to provision of health services procedures at the institution should be developed by the health services administrator in consultation with the medical director, other professional medical providers, and the superintendent/designee.
- C. **SCOPE:** Nothing in this procedure is intended to give a protected liberty interest to any offender. This procedure is intended to guide staff actions.
- II. **DEFINITION:**
- None.
- III. **PROCEDURES:**
- A. Educational smoking cessation materials will be made available to any offender who desires it.
- B. No manufacture of tobacco products will take place at the institution.
- IV. **ATTACHMENTS**
- None.
- V. **REFERENCES:**
- A. National Commission on Correctional Health Care: Standards for Health Services in Prisons, 1997. P-50.

Effective Date: October 15, 1999

VI. **HISTORY:** This policy was originally covered by IS11-48, located in the Missouri Department of Corrections Institutional Policy and Procedures Manual; Original Rule Effective: August 15, 1994

A. Original Effective Date: August 15, 1994

B. Revised Effective Date: October 15, 1999

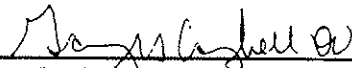
MISSOURI DEPARTMENT OF CORRECTIONS
INSTITUTIONAL SERVICES
POLICY AND PROCEDURE MANUAL

IS11-49


Personal Hygiene (Important)

Effective Date: October 15, 1999


Ralf J. Salke
CMS Regional Manager


Gary H. Campbell, D.O.
CMS Regional Medical Director


George A. Lombardi, Director
Division of Adult Institutions


R. Dale Riley, Director
Division of Offender Rehabilitative
Services

I. **Purpose:** This procedure ensures that offenders are provided with the required items for personal hygiene and are given access to daily bathing.

A. **AUTHORITY:** 217.040, 217.175, 217.320 RSMo, NCCHC Standards for Health Services in Prisons, 1997

B. **APPLICABILITY:** Standard Operating Procedure (SOP) specific to provision of health services procedures at the institution should be developed by the health services administrator in consultation with the medical director, other professional medical providers, and the superintendent/designee.

C. **SCOPE:** Nothing in this procedure is intended to give a protected liberty interest to any offender. This procedure is intended to guide staff actions.

II. **DEFINITION:**

A. **Personal Hygiene Items:** Soap, toothpaste, toothbrush, razor, and for female offenders, sanitary napkins.

III. **PROCEDURES:**

A. All offenders will have access to personal hygiene items regardless of ability to purchase such items.

B. All areas where offenders are housed will have access to hot and cold running water with a tub or shower.

C. All offenders in general population will have daily access to bath or shower.

1. Offenders housed in special needs units will have access to bath or shower according to standard operating procedures.

D. Health care staff should bring issues of concern related to offender personal hygiene or laundry to the health services administrator for inclusion in the MAC meeting agenda.

Effective Date: October 15, 1999

- E. Offenders will be allowed a limited amount of hygiene products while in the infirmary. The list of allowable items will be according to the standard operating procedures (SOP).
- F. Issues that may curtail access to personal hygiene needs should be addressed in the MAC meeting for problem resolution.
- G. Laundry services shall be available to all offenders and minimum of a weekly basis.
- H. Haircuts and individual implements should be available to offenders subject to security regulations and mental health considerations.

IV. ATTACHMENTS

None.

V. REFERENCES:

- A. National Commission on Correctional Health Care: Standards for Health Services in Prisons, 1997. P-49.

VI. HISTORY: This policy was originally covered by IS11-49, located in the Missouri Department of Corrections Institutional Policy and Procedures Manual; Original Rule Effective: August 15, 1994

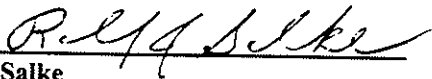
- A. Original Effective Date: August 15, 1994
- B. Revised Effective Date: October 15, 1999

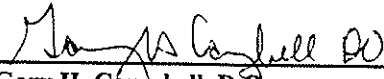
MISSOURI DEPARTMENT OF CORRECTIONS
INSTITUTIONAL SERVICES
POLICY AND PROCEDURE MANUAL

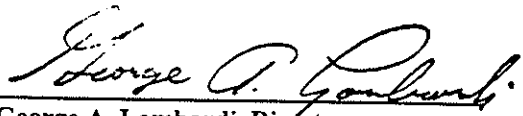
IS11-48

Recreational Exercise
(Important)

Effective Date: October 15, 1999


Ralf J. Salke
CMS Regional Manager


Gary H. Campbell, D.O.
CMS Regional Medical Director


George A. Lombardi, Director
Division of Adult Institutions


R. Dale Riley, Director
Division of Offender Rehabilitative
Services

- *****
- I. **Purpose:** This procedure provides the opportunity for regular exercise for all offenders of the facility except offenders in transient status or who are not locked down for more than seven (7) days.
- A. **AUTHORITY:** 217.040, 217.175, 217.320 RSMo, NCCHC Standards for Health Services in Prisons, 1997
- B. **APPLICABILITY:** Standard Operating Procedure (SOP) specific to provision of health services procedures at the institution should be developed by the health services administrator in consultation with the medical director, other professional medical providers, and the superintendent/designee.
- C. **SCOPE:** Nothing in this procedure is intended to give a protected liberty interest to any offender. This procedure is intended to guide staff actions.
- II. **DEFINITION:**
- A. **Large Muscle Activity:** Walking, jogging in place, basketball, and isometrics.
- III. **PROCEDURES:**
- A. The medical status and reason for restriction from any activity should be documented in the offender's medical record. The offenders and the classification staff should be advised of any restrictions on a Lay-In/Medical/Duty Restrictions form (Attachment A).
- B. Medical personnel should recommend restricted participation in sports and other forms of exercise as indicated by offender's medical condition on the Lay-In/Medical/Duty Restrictions form and should document such in the offender medical record.
- C. All offenders should be permitted to participate in large muscle activity one hour per day, three days a week.

Effective Date: October 15, 1999

- D. In-cell exercises shall not be interpreted as compliance to this policy.

IV. ATTACHMENTS

- A. 931-4061 Lay-In/Medical/Duty Restrictions

V. REFERENCES:

- A. National Commission on Correctional Health Care: Standards for Health Services in Prisons, 1997. P-48.

VI. HISTORY: This policy was originally covered by IS11-47, located in the Missouri Department of Corrections Institutional Policy and Procedures Manual; Original Rule Effective: August 15, 1994

- A. Original Effective Date: August 15, 1994
- B. Revised Effective Date: October 15, 1999



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
LAY-IN/MEDICAL/DUTY RESTRICTIONS

INSTITUTION

PRISONER NAME

DOC NUMBER

DATE

CURRENT ASSIGNMENT

HOUSING UNIT

FULL DUTY - No Restrictions - May Work In Food Service/Food Handling

LIMITED DUTY OR MEDICAL RESTRICTION
(Must Check Restrictions)

Permanent

Limited To
(Date)

Able to Attend
School, MOSOP
Substance Abuse
Classes

Able to Attend
Work Activities

Nonsmoking Roommate

☐ YES ☐ NO ☐ YES ☐ NO

No Prolonged Standing Assignments

☐ YES ☐ NO ☐ YES ☐ NO

Lifting Restrictions of _____ Pounds

☐ YES ☐ NO ☐ YES ☐ NO

No High Places or Use of Ladders

☐ YES ☐ NO ☐ YES ☐ NO

No Use of Chainsaws or Other Sharp Objects

☐ YES ☐ NO ☐ YES ☐ NO

No Snow Shoveling

☐ YES ☐ NO ☐ YES ☐ NO

☐ No or ☐ Limited Exposure to Cold

☐ YES ☐ NO ☐ YES ☐ NO

Requires Lower Bunk

☐ YES ☐ NO ☐ YES ☐ NO

Requires Lower Floor

☐ YES ☐ NO ☐ YES ☐ NO

No Recreational Activities

☐ YES ☐ NO ☐ YES ☐ NO

Can Work In Food Service But Cannot Handle Food

☐ YES ☐ NO ☐ YES ☐ NO

Other

☐ YES ☐ NO ☐ YES ☐ NO

MEDICALLY UNASSIGNED (Must Check One) Inmate is restricted to housing unit unless authorized for release to specific activities.

Lay-In (Temporary Less Than 48 Hours)

End Date

NURSE SIGNATURE

Permanent

Lay-In (Temporary Over 48 Hours)

End Date


PHYSICIAN SIGNATURE

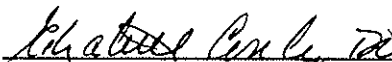
MISSOURI DEPARTMENT OF CORRECTIONS
INSTITUTIONAL SERVICES
POLICY AND PROCEDURE MANUAL


IS11-47

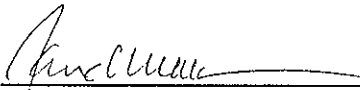
Diet

Effective Date: July 28, 2003


Ralf J. Salke
Senior Regional Vice President


Elizabeth Conley, D.O.
Regional Medical Director


George A. Lombardi, Director
Division of Adult Institutions


Randee Kaiser, Director
Division of Offender Rehabilitative
Services

I. **Purpose:** This procedure ensures all offenders receive a nutritionally adequate diet and to ensure medically necessary nutritional diets are available for offenders in need of special diets.

A. **AUTHORITY:** 217.040, 217.175, 217.320 RSMo, NCCHC Standards for Health Services in Prisons, 2003.

B. **APPLICABILITY:** Standard Operating Procedure (SOP) specific to provision of health services procedures at the institution should be developed by the health services administrator in consultation with the medical director, other professional medical providers, and the superintendent/designee.

C. **SCOPE:** Nothing in this procedure is intended to give a protected liberty interest to any offender. This procedure is intended to guide staff actions.

II. **DEFINITION:**

A. **Medical Diet:** Special diets ordered for temporary or permanent health conditions that restrict the types, preparation, and/or amounts of food. Examples include restricted calorie, low sodium, low fat, pureed, soft, liquid, and nutritional supplementation diets. (This procedure does not include special diets for religious or security reasons).

III. **PROCEDURES:**

A. The dietary manual outlines available diets.

B. Therapeutic medical diet should be provided as ordered by the physician or dentist for clinically indicated health needs.

C. Therapeutic diet orders should include type of diet, duration for which it is to be provided and special instructions, if any.

D. Health Staff should receive training in food-drug interactions, instruct patients accordingly. (E.g., caffeine may make a number of psychotropic medications less effective).

Effective Date:

- E. The health care staff should send written notification to the food service manager and classification staff regarding offender therapeutic dietary needs and the period of time for the diet as ordered by the physician or dentist.
- F. Regular and therapeutic diets should be reviewed by a registered or licensed dietitian whenever a substantial change in the menu is made or at least every six- (6) months.
- G. The food service manager should conduct staff education for food service staff on therapeutic diets annually.
- H. Bona fide food allergies are recognized with documented medical history to validate the allergy. Non-documented food allergy may require testing or extra monitoring necessary to ensure there is an actual allergy.

IV. ATTACHMENTS

- A. Food Guide Pyramid
- B. Department of Corrections Daily Food Guide.

V. REFERENCES:

- A. National Commission on Correctional Health Care: Standards for Health Services in Prisons, 2003, P-F-02 Nutrition and Medical Diets – *important*.
- B. IS10-1.8 Menu Planning

VI. HISTORY: This policy was originally covered by IS11-46, located in the Missouri Department of Corrections Institutional Policy and Procedures Manual; Original Rule Effective: August 15, 1994

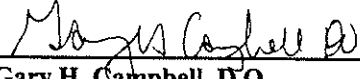
- A. Original Effective Date: August 15, 1994
- B. Revised Effective Date: October 15, 1999
- C. Revised Effective Date:

MISSOURI DEPARTMENT OF CORRECTIONS
INSTITUTIONAL SERVICES
POLICY AND PROCEDURE MANUAL

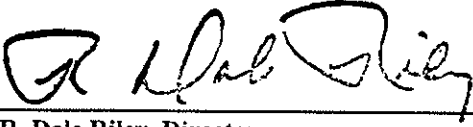
IS11-46 Health Education and Promotion
(Important)

Effective Date: October 15, 1999


Ralf J. Salke
CMS Regional Manager


Gary H. Campbell, D.O.
CMS Regional Medical Director


George A. Lombardi, Director
Division of Adult Institutions


R. Dale Riley, Director
Division of Offender Rehabilitative
Services

- *****
- I. **Purpose:** This procedure ensures offenders receive health education and training in health maintenance and self-care skills.
- A. **AUTHORITY:** 217.040, 217.175, 217.320 RSMo, NCCHC Standards for Health Services in Prisons, 1997
- B. **APPLICABILITY:** Standard Operating Procedure (SOP) specific to provision of health services procedures at the institution should be developed by the health services administrator in consultation with the medical director, other professional medical providers, and the superintendent/designee.
- C. **SCOPE:** Nothing in this procedure is intended to give a protected liberty interest to any offender. This procedure is intended to guide staff actions.
- II. **DEFINITION:**
- None.
- III. **PROCEDURES:**
- A. Health education and self-care instructions should be provided during sick call encounters.
1. Verbal instructions should be provided to the offender.
 2. Written instructions may supplement verbal instructions.
- B. Health education should be provided during chronic care clinics.
1. Patient Education Guides may be utilized during clinics (Attachments A, B) as well as outside resources of information such as from the American Heart Association, etc.

Effective Date: October 15, 1999

- C. Health care staff should participate in educational presentations for the offenders as requested by the health services administrator/designee, and be available, as well as participate in chronic care clinic education provided for offenders.
- D. Instruction sheets for minor, commonly occurring ailments should be readily available to the offenders during sick call. Education sheets are provided in nursing protocols.
- E. Appropriate videos and printed educational materials should be requested from CMS, the Centers for Disease Control, Public Health Department, or other agency providing such information to hand out to the offenders during sick call, chronic care clinics, or educational seminars.
- F. Community resource involvement should be encouraged.
- G. Health education and self-care instructions should be included in the Plan (P) of the SOAP note.

IV. ATTACHMENTS

- A. 931-3836 Patient Information Seizure Disorders-DO's
- B. 931-3853 Patient information for Diabetes Mellitus

V. REFERENCES:

- A. National Commission on Correctional Health Care: Standards for Health Services in Prisons, 1997. P-46.

VI. HISTORY: This policy was originally covered by IS11-45, located in the Missouri Department of Corrections Institutional Policy and Procedures Manual; Original Rule Effective: August 15, 1994

- A. Original Effective Date: August 15, 1994
- B. Revised Effective Date: October 15, 1999



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS

PATIENT INFORMATION SEIZURE DISORDERS - DO'S

Take your seizure medication regularly. This will help reduce the number and severity of seizures.

Keep a record of events surrounding seizures. Write down the number and durations of seizures, time of occurrence, sleeping and eating patterns. Be sure to include your activity prior to the seizure. This will help determine proper therapy to control seizures.

If possible, avoid taking medication on an empty stomach.

Brush teeth frequently and massage gums to prevent infection.

Practice regularity and moderation in your daily activities; eat, exercise, rest, and avoid seizure stimulating stresses, as possible.

Report any significant changes in your health status, such as, easy bruising, bleeding gums, fever, infections or abnormal skin condition.

Participate in activities, both physical and mental (activity tends to inhibit, not stimulate seizures). Moderation is the key.

INMATE SIGNATURE	DATE	NURSE SIGNATURE	DATE
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31-3836 (10-94)

DISTRIBUTION: ORIGINAL - MEDICAL FILE CANARY - INMATE



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
PATIENT INFORMATION FOR DIABETES MELLITUS

DO'S

- A. Become familiar with diabetes and how it affects your body
1. Visit your physician on a regular basis
 2. Attend any available classes
 3. Read literature on diabetes
- B. Keep daily routine that is fairly consistent
1. Get an adequate amount of rest and sleep
 2. Exercise regularly
 - a. avoid spurts of exercise before meals
 - b. exercise 1½ hours after meals
- C. Follow prescribed dietary regimen
1. Eat daily as ordered by your doctor
 2. Learn how to estimate food quantities for nutritional values
 3. Avoid highly concentrated carbohydrates
 4. Normalize body weight, as prescribed by your doctor
 5. If taking insulin, eat extra calories when unusual physical activity is required, as instructed by your doctor or nurse
- D. Familiarize yourself with aspects of insulin. Your doctor or nurse will give you written information about the insulin or pill you take, and what to do if you should have a problem. One problem that happens to many diabetics at one time or another is hypoglycemia (low blood sugar). If your blood sugar gets too low, you may have these feelings:
1. palpitations
 2. feeling nervous
 3. sweat; cold, clammy
 4. trembly
 5. drowsy
 6. light-headed

If you start having these feelings, let your correctional officer know at once! You should be given something sweet to eat or drink if your blood sugar is too low.

E. Take medication as directed

F. Proper Foot Care:

1. Inspect feet routinely for calluses, corns, blisters, abrasions, and nail abnormalities. Remember, do not remove any calluses or nails, report problems to your doctor
2. Bathe feet daily. Dry well, especially between the toes
3. Keep feet dry
4. Wear well fitting shoes
5. Wear clean nonrestrictive socks
6. Avoid injuries to feet. Report injuries to the nurse or doctor by submitting a Medical Services Request form
7. Do foot exercises

G. During period of illness, submit a Medical Services Request form

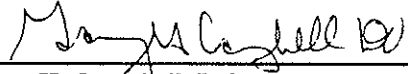
INMATE SIGNATURE	DATE	NURSE SIGNATURE	DATE
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MISSOURI DEPARTMENT OF CORRECTIONS
INSTITUTIONAL SERVICES
POLICY AND PROCEDURE MANUAL


IS11-45 Health Evaluation of Offenders
in Administrative Segregation
and Protective Custody (Important)

Effective Date: October 15, 1999


Ralf J. Salke
CMS Regional Manager


Gary H. Campbell, D.O.
CMS Regional Medical Director


George A. Lombardi, Director
Division of Adult Institutions


R. Dale Riley, Director
Division of Offender Rehabilitative
Services

- I. **Purpose:** This procedure ensures that offenders who are confined in administrative segregation or protective custody have direct access to health care services.
- A. **AUTHORITY:** 217.040, 217.175, 217.320 RSMo, NCCHC Standards for Health Services in Prisons, 1997
- B. **APPLICABILITY:** Standard Operating Procedure (SOP) specific to provision of health services procedures at the institution should be developed by the health services administrator in consultation with the medical director, other professional medical providers, and the superintendent/designee.
- C. **SCOPE:** Nothing in this procedure is intended to give a protected liberty interest to any offender. This procedure is intended to guide staff actions.
- II. **DEFINITION:**
- None.
- III. **PROCEDURES:**
- A. The health authority or designee will be notified immediately of any offender pending placement in administrative segregation/protective custody.
- B. Medical personnel will evaluate the offender and review their health record prior to placement, when possible, for any medical contraindications to her/his administrative segregation/protective custody placement. When evaluations can not be completed immediately, they should be completed as soon as possible.
- C. Medical personnel will document the assessment and medical record review on the initial medical documentation.

Effective Date: October 15, 1999

- D. The health care staff should ensure the Administrative Segregation/Protective Custody area has Medical Services Request Forms (Attachment A).
- E. The offender may request sick call by submitting a Medical Services Request Form (Attachment A).
- F. The health care staff should make rounds in the segregation area daily and retrieve any Medical Services Request Forms as stated in the site standard operational procedures (SOP).
- G. Offender health care encounters should be documented in the offender's medical record.
- H. Offenders needing medical intervention, unable to be completed within the segregation area, should be scheduled for a clinic visit.
- I. Health care rounds should be documented on the Segregation Medical Documentation (Attachment B).

IV. ATTACHMENTS

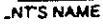
- A. 931-1319 Medical Services Request Form
- B. 931-3762 Segregation Medical Documentation

V. REFERENCES:

- A. National Commission on Correctional Health Care: Standards for Health Services in Prisons, 1997. P-45.

VI. HISTORY: This policy was originally covered by IS11-44, located in the Missouri Department of Corrections Institutional Policy and Procedures Manual; Original Rule Effective: August 15, 1994

- A. Original Effective Date: August 15, 1994
- B. Revised Effective Date: October 15, 1999



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS

REGISTER NUMBER

WORK ASSIGNMENT

CHIEF COMPLAINT

WHICH EXISTING DISEASES HAVE BEEN DIAGNOSED?

DATE

TIME

DATE _____

TIME

[illegible]

DISPENSE AS WRITTEN

DATE

TIME

PHYSICIAN SIGNATURE

DATE _____

TIME

MO 931-3762 (2-97)

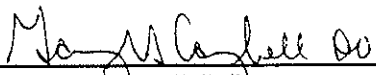
DATE/TIME																														
CRYING	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
SIGNS OF TRAUMA	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
ORIENTED X 3	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
WITHDRAWN	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
HOSTILE/ANGRY	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
QUIET	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
MANIC BEHAVIOR	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
DENIES COMPLAINT	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
NURSE'S SIGNATURE																														
COMMENTS (BY DATE): ANY YES RESPONSE REQUIRES FOLLOWUP																														


MISSOURI DEPARTMENT OF CORRECTIONS
INSTITUTIONAL SERVICES
POLICY AND PROCEDURE MANUAL


IS11-44.2 Mental Health Continuity
 Of Care (Important)

Effective Date: October 15, 1999


Ralf J. Salke
CMS Regional Manager


Gary H. Campbell, D.O.
CMS Regional Medical Director


George A. Lombardi, Director
Division of Adult Institutions


R. Dale Riley, Director
Division of Offender Rehabilitative
Services

I. **Purpose:** This procedure ensures offenders receiving mental health services while incarcerated are informed, prior to release, of mental health resources in the community. Mental health staff should attempt to coordinate resources available to "special needs" offenders to minimize deterioration in functioning during transition to community living.

A. **AUTHORITY:** 217.040, 217.175, 217.320 RSMo, NCCHC Standards for Health Services in Prisons, 1997

B. **APPLICABILITY:** Standard Operating Procedure (SOP) specific to provision of health services procedures at the institution should be developed by the health services administrator in consultation with the medical director, other professional medical providers, and the superintendent/designee.

C. **SCOPE:** Nothing in this procedure is intended to give a protected liberty interest to any offender. This procedure is intended to guide staff actions.

II. **DEFINITION:**

None

III. **PROCEDURES:**

A. Offenders who are provided with mental health services during incarceration should be referred for continued care when released to the community, if such follow-up is indicated.

B. Mental health staff should attempt to anticipate release of offenders receiving mental health services so that planning for referral to community agencies can be initiated at least one month prior to release.

C. Offenders currently on prescribed psychotropic medication should be provided with thirty- (30) days supply of medication at discharge.

Effective Date: October 15, 1999

- D. Offenders with a history of chronic mental illness may require extensive support services if they are to make a satisfactory transition to community living. In these instances, mental health staff should assist in coordination of the following:
1. housing
 2. appointment at appropriate community mental health agency.
- E. An offender whose mental condition indicates that appropriate function in within the community is not probable due to chronic mental illness should be evaluated by the psychiatrist to determine if the offender should be civilly committed to a state psychiatric facility. If the evaluation indicates commitment is advisable, mental health staff should make appropriate arrangements for initiating civil commitment proceedings.
- F. To facilitate continuity of care, the community mental health agency to which the offender has been referred should be sent pertinent information about treatment during incarceration, providing the offender consents to the release of the information. The offender's consent should be documented by completion of the Pre-Approved Authorization for Release of Information-Medical (Attachment A).
- G. Mental health staff should document planning and/or referral to community agencies in the offender's Medical Record.

IV. ATTACHMENTS

- A. 931-3811 Pre-Approved Authorization for Release of Information Medical

V. REFERENCES:

- A. National Commission on Correctional Health Care: Standards for Health Services in Prisons, 1997. P-44.

VI. HISTORY:

- A. Original Effective Date: October 15, 1999
- B. Revised Effective Date:



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS

PRE-APPROVED AUTHORIZATION FOR RELEASE OF INFORMATION — MEDICAL

NAME	DOC NUMBER	SOCIAL SECURITY NUMBER
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The above named inmate hereby authorize Correctional Medical Systems, its employees, its agents, any of its contracted physicians as well as the Missouri Department of Corrections and any of its employees to release all of my medical records and related information about my medical condition and medical status including copies of written records, and specifically authorize:

- (1) The re-release of any medical records pertaining to myself not created by Correctional Medical Systems, its employees or its contracted physicians, but in Correctional Medical Systems possession because they were sent to Correctional Medical Systems from other health care provider.
- (2) The release of any information regarding my HIV status and information that will reveal that I either do or do not have AIDS. I understand that this information may be on medical documents other than the actual lab test. I understand that a release of my medical records includes medical records that may specifically refer to, or indirectly relate to, my HIV/AIDS status and I hereby authorize the release of that information.
- (3) The release of specific information in my medical record may include a history of drug or alcohol abuse or mental health treatment, and I understand such information may be protected by Federal Confidentiality Rule 42 CFR Part II, and hereby expressly authorize the release of that information.

TO THE FOLLOWING INDIVIDUALS

NAME	ADDRESS	TELEPHONE

I hereby release and hold harmless Correctional Medical Systems, its employees, and its contracted physicians as well as the Missouri Department of Corrections from any liability which may occur as a result of the disclosure and/or dissemination of the records or information contained therein resulting from the access permitted to the authorized persons named above. This consent is **valid for forty-five (45) days** from the date of signature. I understand that I have the right to revoke this consent in writing at any time during the forty-five (45) day period.

I certify that I am fully aware that certain state and federal regulations as well as policies of some individuals and private agencies require that I voluntarily and knowingly sign this document before Correctional Medical System's, its employees, or its contracted physicians are permitted to disclose any information or release records and documents concerning me. This release authorizes disclosure of information that would otherwise be considered confidential. Photostatic copies of this release shall be considered as valid as the original.

SIGNATURE	DATE
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NOTARY

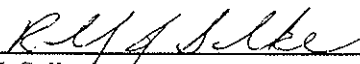
NOTARY PUBLIC EMBOSSE OR
BLACK RUBBER STAMP SEAL


STATE OF		COUNTY (OR CITY OF ST. LOUIS)
SUBSCRIBED AND SWORN BEFORE ME, THIS		
DAY OF		19
NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	USE RUBBER STAMP IN CLEAR AREA BELOW.
NOTARY PUBLIC NAME (TYPED OR PRINTED)		

MISSOURI DEPARTMENT OF CORRECTIONS
INSTITUTIONAL SERVICES
POLICY AND PROCEDURE MANUAL

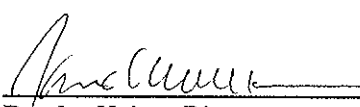
IS11-44.1 Continuity of Care

Effective Date: October 6, 2003


Ralf J. Salke
Senior Regional Vice President


Elizabeth Conley, D.O.
Regional Medical Director


George A. Lombardi, Director
Division of Adult Institutions


Randee Kaiser, Director
Division of Offender Rehabilitative
Services

I. **Purpose:** This procedure assures that continuity of care is provided to offenders from admission to discharge during their incarceration.

A. **AUTHORITY:** 217.040, 217.075, 217.175, 217.320 RSMo, NCCHC Standards for Health Services in Prisons, 2003.

B. **APPLICABILITY:** Standard Operating Procedure (SOP) specific to provision of health services procedures at the institution should be developed by the health services administrator in consultation with the medical director, other professional health providers, and the superintendent/designee.

C. **SCOPE:** Nothing in this procedure is intended to give a protected liberty interest to any offender. This procedure is intended to guide staff actions.

II. **DEFINITION:**

A. **Department's Health Care Administrator:** Assistant Division Director, Health Services, Division of Offender Rehabilitative Services.

B. **Health Care Administrator/designee:** Designee shall be appointed by Correctional Medical Services.

C. **MARS:** Medical Accountability Record System (computer medical record).

III. **PROCEDURES:**

A. When an offender is transferred to an institution from another institution, the offender's medical record should be reviewed prior to transfer to determine:

1. current treatment regimens,
2. current health assessment,
3. conditions requiring follow up (medical, mental health, or dental),
4. any Chronic Care Clinic assignment, and
5. any pending referrals or scheduled specialty appointment, etc.

Effective Date:

- B. Prior to transfer, intrasystem transfer medical record review should be documented on the Transfer/Receiving Screening-Medical (Attachment A) and placed in the offender's medical record.
- C. Upon notification that an offender should be transferred to another institution within the system, health care staff should review the offender's medical record and complete the Transfer/Receiving Screening-Medical (Attachment A). The form should be sent to the receiving institution with the offender's medical record.
- D. When an offender is referred for off-site care, pertinent medical information should be provided using the Off-Site Referral form (Attachment B).
 - 1. A request for referral must be entered by the physician/designee for off-site specialty requests.
 - a. A request for referral can be entered by the physician utilizing the "Request Referral" (MARS) field found at the left bottom corner of the doctor encounter screen by placing a "Y" in this field. Upon exit from the encounter, the physician will be prompted for pertinent information for referral submission.
 - b. A request for referral can also be entered by the physician/designee utilizing the F-9 Initiation Menu "06" – MARS.
 - 2. Once the referral has been approved, the request will be sent to a suspension file until the specialist encounter is scheduled. From the first MARS screen choose F-7, 03. Mark an X for each appointment being scheduled and then press the enter key. The referrals will be displayed for scheduling. Enter the specialist code or put a question mark to find the code. Enter the date and time and press enter. The specialist encounter is now scheduled and can be viewed by pressing the F-4, F-19 keys from the first MARS screen. The processed referral history can also be viewed by pressing the F-4, F-16 keys.
 - 3. Once the offender has seen the specialist, the specialist notes must be entered into MARS utilizing the specialist encounter F-15, from the first MARS screen. Enter the Assessment, Plan, and Formulary following the on screen prompts. The hard copy specialist encounter recommendations should be implemented (see ISIS11-30 Hospitalized and Specialized Ambulatory Care) on a timely basis and entered into MARS as appropriate.
 - a. The initial request for specialty referral will require entering a request for referral as referenced above. The first follow-up after an initial specialty appointment will not require another (or second) request for referral; Example: the first follow-up after a (e.g., surgery or casting). These notes will be documented on the Specialist Contact line (the first line F-13) as such: Follow-up No.1 (date) notes, ET. This line is also where any biopsy results or information received after the initial notes have already been entered is documented. This line is also where non-contract specialty referrals such as lab tests, knee braces, ET. would be documented. An example would be: Hepatitis lab schedule for (date) or left knee brace issued as ordered ET.
 - b. Any request for specialty follow-up after the first return will require submission of a new request for referral. These will require scheduling and documentation using the Schedule Specialist as described above.

Effective Date:

- E. The transfer/Receiving Screening-Medical form should be completed when an offender is scheduled for an off-site medical appointment. The form should be placed in a sealed envelope and attached to the Medical Appointment Form/notification - (Attachment A). A copy should be retained in the offender's medical record.
- F. The Transfer/Receiving Screening-Medical form should be completed when an offender is scheduled for an outside medical appointment. The form should be placed in a sealed envelope attached to the computer generated eligibility form.
 - 1. The associate superintendent/chief of custody/ or designee should be advised of the pending appointment by completing the Medical Appointment form per standard operating procedure. (See also IS 11-42 Patient Transport)
- G. The associate superintendent/designee should receive a copy of the Transfer/Receiving Screening-Medical whenever special transportation arrangements are necessary. Additionally, special transportation requirements should be documented by medical staff on the Medical Transportation Requirements form; reference IS11-42 Patient Transport.
- H. All community health care providers and hospitals that have cared for an offender during his/her incarceration shall provide a copy of all medical records in their possession related to each offender to the department's health care administrator/designee.
- I. Upon notification of pending offender release, health care staff should review the offender's medical record to determine need for:
 - 1. aftercare referrals
 - 2. notification of health department
 - 3. limited supply of medication
- J. The medical records review and after care planning prior to offender release should be documented in the offender's medical record. When possible, the offender should be provided with information related to aftercare planning.
- K. Discharge from infirmary care should include provisions for indicated follow-up care.

IV. ATTACHMENTS

- A. 931-3863 Transfer/Receiving Screening -Medical
- B. 931-1842 Medical Appointment Form
- C. 931-4171 Medical Transportation Requirements

V. REFERENCES:

- A. National Commission on Correctional Health Care: Standards for Health Services in Prisons, 2003, P-E-12 Continuity of Care During Incarceration – *essential*.
- B. RSMo 217.075 Offender records, public records, exceptions – (Revised Statutes of MO 2000)
- D. IS11-30 Hospital and Specialized Ambulatory Care
- E. IS11-42 Patient Transport

VI. HISTORY: This policy was originally covered by IS11-41.1, located in the Missouri Department of Corrections Institutional Policy and Procedures Manual; Original Rule Effective: August 15, 1994

- A. Original Effective Date: August 15, 1994
- B. Revised Effective Date: October 15, 1999
- C. Revised Effective Date:



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
TRANSFER/RECEIVING SCREENING – MEDICAL

Transferring Institution

Inmate Name		DOC Number		Date	Time <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
N H Other		Age	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Food Handling Approved <input type="checkbox"/> Yes <input type="checkbox"/> No
Allergies					
Current acute conditions/problems					
Current conditions/problems					
Current medications - name, dosage, frequency, duration					
Acute short-term medications					
Chronic long-term medications					
Chronic psychotropic medications					
Current treatments					
Follow-up care needed					
Last ppd	Results-MM	If positive – treatment dates	Date of last physical	M-score	Duty status
Chronic clinics			Specialty referrals		
Significant medical history					
Physical disabilities/limitations			Assistive devices/prosthetics	Glasses	Contacts
Mental health history/concerns					
Substance abuse <input type="checkbox"/> Yes <input type="checkbox"/> No Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No Drugs <input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> HX suicide attempt <input type="checkbox"/> HX psychotropic medication <input type="checkbox"/> Previous psychiatric hospitalizations					
Signature			Title	Date	
TRANSFER RECEPTION SCREENING		DATE	TIME <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Receiving Institution	
S.O.A.P. FORMAT					
S. Current complaint _____ _____ Current medications/treatment _____ _____ _____ _____ O. Physical appearance/behavior _____ _____ _____ _____ Deformities: acute/chronic _____ _____ I _____ P _____ R _____ B/P _____ / _____ A. _____			P. Disposition (instructions: check or circle as appropriate) <input type="checkbox"/> Routine sick call – instructions given <input type="checkbox"/> Emergency referral <input type="checkbox"/> HIV/TB instruction given <input type="checkbox"/> Physician referral <input type="checkbox"/> urgent <input type="checkbox"/> routine <input type="checkbox"/> Medication evaluation <input type="checkbox"/> Work/program limitation <input type="checkbox"/> Special housing <input type="checkbox"/> Specialty referrals <input type="checkbox"/> Chronic clinics <input type="checkbox"/> Other <input type="checkbox"/> Infirmary placement Other _____ _____ Signature and title _____		



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
MEDICAL APPOINTMENT

INSTITUTION

DATE

ECT

INMATE NAME

DOC NUMBER

An appointment has been scheduled for the above named inmate as follows:

MEDICAL FACILITY

DATE

TIME

☐ A.M.

☐ P.M.

PHYSICIAN/CLINIC

SPECIAL INSTRUCTIONS

HEALTH CARE SUPERVISOR/DESIGNEE SIGNATURE

MO 931-1842 (10-93)

DISTRIBUTION: WHITE - CUSTODY, CANARY - MEDICAL RECORD



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
MEDICAL APPOINTMENT

INSTITUTION

DATE

TO

SUBJECT

INMATE NAME

DOC NUMBER

An appointment has been scheduled for the above named inmate as follows:

MEDICAL FACILITY

DATE

TIME

☐ A.M.

☐ P.M.

PHYSICIAN/CLINIC

SPECIAL INSTRUCTIONS

HEALTH CARE SUPERVISOR/DESIGNEE SIGNATURE

MO 931-1842 (10-93)

DISTRIBUTION: WHITE - CUSTODY, CANARY - MEDICAL RECORD

MO 931-4171 (2-99)

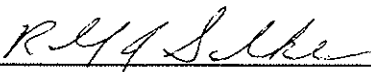
DISTRIBUTION: ORIGINAL - EMPLOYEE HEALTH COORDINATOR COPY - FIRE/SAFETY SPECIALIST (SENDING INSTITUTION)
COPY - CENTRAL TRANSPORTATION UNIT (C.T.U.) FILE


MISSOURI DEPARTMENT OF CORRECTIONS
INSTITUTIONAL SERVICES
POLICY AND PROCEDURE MANUAL

IS11-43

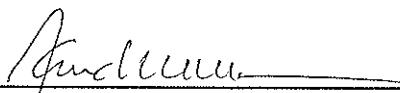
Nursing Assessment Protocols

Effective Date: July 28, 2003


Ralf J. Salke
Senior Regional Vice President


Elizabeth Conley, D.O.
Regional Medical Director


George A. Lombardi, Director
Division of Adult Institutions


Randee Kaiser, Director
Division of Offender Rehabilitative
Services

I. **Purpose:** This procedure provides nursing staff with written, physician-approved guidelines for the identification and care of minor ailments and emergency situations.

A. **AUTHORITY:** 217.040, 217.175, 217.320 RSMo, NCCHC Standards for Health Services in Prisons, 2003.

B. **APPLICABILITY:** Standard Operating Procedure (SOP) specific to provision of health services procedures at the institution should be developed by the health services administrator in consultation with the medical director, other professional health providers, and the superintendent/designee.

C. **SCOPE:** Nothing in this procedure is intended to give a protected liberty interest to any offender. This procedure is intended to guide staff actions.

II. **DEFINITION:**

A. **Nursing Assessment Protocols:** Written instructions or guidelines that specify the steps to be taken in evaluating a patient's health status and providing interventions. Such protocols may include acceptable first-aid procedures for the identification and care of ailments that ordinarily would be treated by an individual with over-the-counter medication or through self-care. They also may address more serious symptoms such as chest pain, shortness of breath, or intoxication. They provide a sequence of steps to be taken to evaluate and stabilize the patient until a clinician is contacted and orders are received for further care.

B. **SOAP:** A charting/recording process which reflects subjective complaints, objective findings, and assessment (e.g., nursing diagnosis), and plan of care or treatment provided.

C. **Standing Orders:** Written orders that specify the same course of treatment for each patient suspected of having a given condition, and that specifies the use and amount of prescription drugs.

III. **PROCEDURES:**

Effective Date:

- A. Nursing protocols should be prepared by the regional medical director/designee and the state director of nursing/designee.
- B. Current signed and dated copies of the nursing protocols should be available in each area where treatment is provided.
- C. The original signed copy of the Nursing Protocols should be retained by the regional medical director.
- D. Nursing protocols should be reviewed, revised, and approved at least annually. Primary responsibility for this rests with the regional medical director; assistance and input from the nursing staff is encouraged. Outdated protocols will be maintained in the regional medical director's office to ensure they are properly maintained through change of personnel.
- E. Nursing staff should be provided orientation and inservice prior to utilization of the nursing protocols and annually. This education should include the review of each protocol. Training should be documented in the nurse's individual folder, which is maintained by the health services administrator/designee. The health services administrator/designee should provide the training.
- F. The signature of nursing staff approved to use the nursing protocols should be documented on the Nursing Protocols Signature Sheet (Attachment A).
- G. The current signature sheet should be retained with the original Nursing Protocols Manual in the health services administrator's office.
- H. Adequate copies of offender education sheets should be provided.
- I. Nursing protocols will not include any directions regarding prescription medications, except in limited emergency situations.
 - 1. Utilization of life saving emergency medications (e.g., nitroglycerin, epinephrine) requires a subsequent physician's order. Any use of prescribed medications for the use of emergency life threatening situations must be in compliance with regulations set forth by Missouri nursing board and national professional organizations, approved by the site responsible medical director and regional medical director.
- J. The use of approved over-the-counter medications should be utilized as outlined in the nursing protocols.
- K. Nursing protocols should be utilized at sick call and unscheduled offender visits.
- L. If offenders have been seen more than two (2) times with the same complaint and have not been seen by a physician, they should be scheduled to see the physician (or according to IS11-38 Sick Call).
- M. Referral to the physician may involve immediate referral to the physician, telephone contact with the physician, or scheduling the offender to see the physician.
- N. Nursing staff should utilize the SOAP format in the offender's medical record on the MARS System.
- O. Over-the-counter medications provided using the nursing protocols should be documented in the non-prescription section of MARS (See IS11-27.8 Medication Administration Record).

Effective Date:

- P. The offender must sign receipt of over-the-counter medications on the MAR or MSR.
- Q. The offender should receive verbal aftercare instructions and/or copy of appropriate printed instructions.
- R. Standing orders are not used in the facility, with the exception of preventive medication practice (e.g., immunizations) that are in keeping with current community practice and require a subsequent provider's signed order.
 - 1. Immunizations should have a signed consent by the offender.
- S. This policy does not address treatment protocols (or clinical pathways/guidelines) which are used by practitioners, such as physicians, physician assistants, or nurse practitioners.

IV. ATTACHMENTS

- A. Nursing Protocols Signature Sheet

V. REFERENCES:

- A. National Commission on Correctional Health Care: Standards for Health Services in Prisons, 2003, P-E-11 Nursing Assessment Protocols – *important.*
- B. CMS Nursing Protocol Manual
- C. IS11-27.8 Medication Administration Record
- D. IS11-38 Sick Call

VI. HISTORY: This policy was originally covered by IS11-40, located in the Missouri Department of Corrections Institutional Policy and Procedures Manual; Original Rule Effective: August 15, 1994

- A. Original Effective Date: August 15, 1994
- B. Revised Effective Date: October 15, 1999
- C. Revised Effective Date:

[illegible]

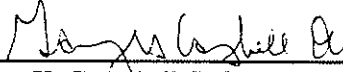
MISSOURI DEPARTMENT OF CORRECTIONS
INSTITUTIONAL SERVICES
POLICY AND PROCEDURE MANUAL

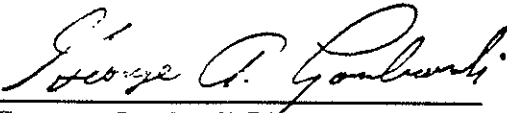
IS11-42


Patient Transport (Important)

Effective Date: October 15, 1999


Ralf J. Salke
CMS Regional Manager


Gary H. Campbell, D.O.
CMS Regional Medical Director


George A. Lombardi, Director
Division of Adult Institutions


R. Dale Riley, Director
Division of Offender Rehabilitative
Services

- *****
- I. **Purpose:** This procedure ensures offender access to care is maintained through timely movement to medical, dental and mental health clinics.
- A. **AUTHORITY:** 217.040, 217.175, 217.320 RSMo, NCCHC Standards for Health Services in Prisons, 1997
- B. **APPLICABILITY:** Standard Operating Procedure (SOP) specific to provision of health services procedures at the institution should be developed by the health services administrator in consultation with the medical director, other professional medical providers, and the superintendent/designee.
- C. **SCOPE:** Nothing in this procedure is intended to give a protected liberty interest to any offender. This procedure is intended to guide staff actions.
- II. **DEFINITION:**
- None.
- III. **PROCEDURES:**
- A. The health services administrator should explore scheduling options with the associate superintendent/designee to determine how to structure sick call, clinics and on-site health care appointments. Factors to consider include:
1. security level.
 2. institutional schedule (e.g. counts, meals, recreation, visiting times, programs)
 3. escort availability.
 4. segregation status.
- B. The health services administrator should determine the institution's capacity to manage routine off-site health care appointments.
- C. The health services administrator/designee should provide correctional staff with notification of offenders requiring transportation related to health care with as much advance notice as possible.

Effective Date: October 15, 1999

Medical staff should document special requirements for transportation utilizing the Medical Transportation Requirements form (Attachment A)

- D. Health care staff should complete required institutional documentation for offender movement for transport.
- E. A designated health care staff member should maintain the off-site referral log, (Attachment B) in order to monitor pending, completed, or missed appointments.
- F. If scheduled health care activities are canceled due to security issues, the activities should be rescheduled as soon as possible.
- G. A report enumerating missed off-site health care appointments should be provided at MAC meetings.
- H. Transportation of offenders should occur in a manner that maintains confidentiality of medical records and health information (i.e., accompanying patient information in sealed envelope) as well as consideration of the offender's health status in regard to the transportation period.
- I. The offender should not be notified of date, time, or location of off-site health care appointments due to security concerns, unless special restrictions are needed, in which case the offender may be placed in the Infirmary.
 - 1. Classification staff should be notified of the need for segregation and special instructions.
- J. A sufficient supply of medication should be made available to the offender on prescribed medication during any transport. (Medical or those greater than 24 hours in duration.)
- K. All offenders returning from out-counts should be given a medical evaluation upon return.

IV. ATTACHMENTS

- A. 931-4171 Medical Transportation Requirements
- B. 931-4175 Off Site Referral Log

V. REFERENCES:

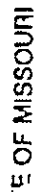
- A. National Commission on Correctional Health Care: Standards for Health Services in Prisons, 1997. P-42.

VI. HISTORY: This policy was originally covered by IS11-33, located in the Missouri Department of Corrections Institutional Policy and Procedures Manual; Original Rule Effective: August 15, 1994

- A. Original Effective Date: August 15, 1994
- B. Revised Effective Date: October 15, 1999



DISTRIBUTION: ORIGINAL - EMPLOYEE HEALTH COORDINATOR COPY - FIRE/SAFETY SPECIALIST (SENDING INSTITUTION)
COPY - CENTRAL TRANSPORTATION UNIT (C.T.U.) FILE



DEPARTMENT OF CORRECTIONS OFF-SITE REFERRAL LOG

[illegible]

BOB HOLDEN
Governor

GARY B. KEMPKER
Director



2729 Plaza Drive
P.O. Box 236
Jefferson City, Missouri 65102
Telephone: 573-751-2389
Fax: 573-751-4099
TDD Available

State of Missouri
DEPARTMENT OF CORRECTIONS

Ad Excelleum Conamur - "We Strive Towards Excellence"

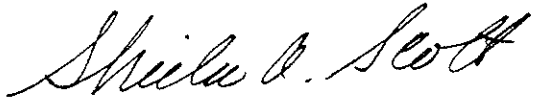
OFFICE OF INSPECTOR GENERAL

Compliance Unit

M e m o r a n d u m

DATE: May 2, 2002

TO: Institutional Services Policy & Procedure Manual Holders

FROM:  Sheila A. Scott, Administrative Analyst

SUBJECT: IS11-41 Emergency Services

Attached is the procedure covering Emergency Services. This procedure has been reviewed and revised by a task force.

Major changes are as follows:

II. A. "This may include at times a response to a self-declared emergency." has been added.

III. A. "days" has been added.

III. E. 1. b. (1) "The rope will be cut without disturbing the knot if possible" has been added.

III. E. 2. was changed to "Medical staff will direct whether the offender should be transported to the medical unit and the manner of transportation".

III. H. "CPR" has been changed to "appropriate measures".

III. J. was reworded to include the computer generated Consultation Request format and the Off-site Referral Log.

III. N. was broken down for each request of information.

III. R. has been added.

III. IV. Attachments have been revised to include all attachments.

III. V. B. has been added.

Please read the procedure in its entirety and place appropriately in your manual.

Thank you.


SAS:mw


Attachments

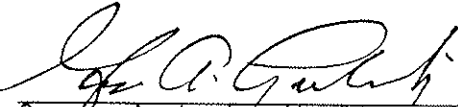
MISSOURI DEPARTMENT OF CORRECTIONS
INSTITUTIONAL SERVICES
POLICY AND PROCEDURE MANUAL


IS11-41 Emergency Services


Effective Date: May 2, 2002


Ralf J. Salke
CMS Regional Vice President


Lance Luria, MD
CMS Regional Medical Director


George A. Lombardi, Director
Division of
Adult Institutions


William F. Potter, Director
Division of Offender
Rehabilitative Services


Denis Agniel, Chairman
Board of Probation and Parole

I. PURPOSE: This procedure ensures there is a written plan to provide 24 hour emergency medical, mental health and dental care to offenders as needed.

A. AUTHORITY: 217.175, 217.320 RSMo, NCCHC Standards for Health Services in Prisons, 1997

B. APPLICABILITY: Standard operating procedures specific to provisions of health services procedures at the institution should be developed by the health services administrator in consultation with the medical director, other professional medical providers, and the chief administrative officer/designee.

C. SCOPE: Nothing in this procedure is intended to give a protected liberty interest to any offender. This procedure is intended to guide staff actions.

II. DEFINITIONS:

A. Emergency Care: Care for an acute illness or an unexpected health need that cannot be deferred until the next scheduled sick call or clinic. This may include at times a response to a self-declared emergency.

B. On Call Schedules: Lists of dental and physician staff designated for contact when none are available on site.

III. PROCEDURES:

- A. Emergency medical, mental health and dental care shall be available to offenders 24 hours, 7 days per week.
- B. Provisions should be made for hospital emergency room services. The emergency room should provide emergency off-site care for offenders.
- C. On call schedules for physicians and dentists should be developed by the regional medical director and chief of dental services.
 - 1. The pager or telephone numbers should be listed in the health services unit.
- D. Names, addresses and telephone numbers of emergency on call physicians and dentists, poison control, and emergency medical services to be used should be readily accessible in the health care unit and control center.
- E. Transportation to medical unit:
 - 1. Custody staff should immediately transport the offender to the medical unit in all cases, except:
 - a. when the injury is the result of a fall or is a neck or back injury, medical staff will respond to the area to direct safe and appropriate movement to the medical unit; or
 - b. attempted suicide/homicide by hanging.
 - (1) Staff initially at the scene should cut the person down. The rope will be cut without disturbing the knot, if possible. Remove the rope, lay the person straight and initiate CPR, if indicated.
 - 2. If there is any question, custody staff should contact medical staff and provide all known information. Medical staff will direct whether the offender should be transported to the medical unit and the manner of transportation.
 - a. If 1. a. and/or 1. b. has occurred, medical staff should respond to the area.
 - 3. When medical staff are not on site, the on call medical staff should be contacted for instructions or an ambulance should be called in accordance with standard operating procedures.
- F. The health care staff should contact the designated physician

with a report and receive orders, if indicated.

- G. Orders from the physician should be initiated and the offender assessment and orders should be documented in the offender's medical record.
- H. If the assessment indicates a life threatening condition, appropriate measures should be initiated and, if requested, staff should call the local emergency medical service (e.g. 911) immediately, in accordance with standard operating procedures.
 - 1. Correctional staff should initiate CPR if medical staff is not immediately available.
 - 2. Correctional staff should assist in performing CPR if requested by medical staff.
 - 3. CPR support of the offender should be continued until relieved by paramedics or ordered stopped by the physician.
- I. The shift supervisor should be notified of the need to transport the offender to the emergency room. Medical staff should notify the transporting custody staff of any special precautions necessary for transporting the offender using the Medical Transportation Requirements form (Attachment A).
- J. A computer generated Consultation Request (Attachment B) should be completed to include pertinent medical information and should be sent to the emergency room with the offender.
 - 1. Medical staff should call the emergency room with this information in accordance with standard operating procedures.
 - 2. Documentation will be made on the Off-site Referral Log (Attachment C).
- K. Immediately after the offender leaves for the emergency room, health care staff should telephone the emergency room to give a report on the offender's status.
- L. The physician on call should be notified of the transportation of the offender, if not already aware.
- M. The health services administrator/designee should be notified in accordance with standard operating procedures.
- N. The following information should be completed on the Emergency Room Log (Attachment D):
 - 1. offender name,

2. offender identification number,
 3. offender date of birth,
 4. emergency facility the offender was transferred to,
 5. type of transportation utilized, and
 6. diagnosis or reason for transport.
- O. The emergency room should be contacted prior to shift change to obtain a report on the offender's status. Significant changes, especially any decline in health status or transfer to another higher care facility should be reported to the health services administrator/designee in accordance with standard operating procedures.
- P. If the offender returns from the emergency room, the following should occur:
1. the emergency room report should be obtained from the escorting staff;
 2. the health care staff should review the report for pertinent recommendations;
 3. the medical director or on call physician should be contacted for permission to implement emergency room recommendations;
 4. the offender should be assessed by the on site medical staff and the findings should be documented in the offender's medical record; and
 5. the emergency room report should be attached to the front of the chart and the offender should be scheduled for the next physician's clinic.
- Q. If an offender is admitted to the hospital, the disposition should be noted on the Emergency Room Log and admission noted on the computer generated Hospital Admission Log (Attachment E). The medical director and the health services administrator/designee should be notified of the disposition.
- R. Notification procedures as outlined in IS11-10 Notification in Emergencies, will be followed.

IV. ATTACHMENTS:

- A. 931-4171 Medical Transportation Requirements
- B. Consultation Request Format
- C. 931-4175 Off-Site Referral Log
- D. 931-3810 Emergency Room Log
- E. Hospital Admission Log Format

V. REFERENCES:

- A. National Commission on Correctional Health Care: Standards for Health Services in Prisons. 1997. P-41
- B. IS11-10 Notification in Emergencies.

VI. HISTORY: This policy was originally covered by IS11-42, located in the Missouri Department of Corrections Institutional Policy and Procedures Manual; Original Rule Effective: August 15, 1994

- A. Original Effective Date: August 15, 1994
- B. Revised Effective Date: October 15, 1999
- C. Revised Effective Date: May 2, 2002



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
MEDICAL TRANSPORTATION REQUIREMENTS

ATTACHMENT A

OFFENDERS NAME

DOC NUMBER

INSTITUTION

CHECK APPLICABLE AREA

1. PRIVATE TRANSPORTATION

☐ YES ☐ NO

2. ARE MASKS INDICATED

☐ YES ☐ NO

3. TYPE

☐ N-95 ☐ SURGICAL ☐ HEPA

*NOTE: AT LEAST ONE WINDOW MUST BE OPENED A MINIMUM OF 1/2 INCH TO ALLOW FOR PROPER VENTILATION.

4. ARE GOWNS INDICATED

☐ YES IF SOILING IS LIKELY ☐ YES FOR ALL RIDING IN VEHICLE OR ENTERING ROOM ☐ NO

5. ARE GLOVES INDICATED

☐ YES FOR TOUCHING CONTAMINATED MATERIALS ☐ YES FOR ALL RIDING IN VEHICLE OR ENTERING ROOM ☐ NO

6. UNIVERSAL PRECAUTIONS SHOULD BE FOLLOWED. SPECIAL PRECAUTIONS ARE ALWAYS INDICATED FOR HANDLING BLOOD. (REFER TO 05-5.2)

7. THE FOLLOWING CONTAMINATED MATERIALS OR *BODY FLUIDS ARE DOUBLE BAGGED AND LABELED PRIOR TO BEING PLACED IN THE TRUNK OF THE VEHICLE. THESE MATERIALS ARE THEN TURNED OVER TO INSTITUTIONAL MEDICAL STAFF FOR DISPOSAL.

*BODY FLUIDS INCLUDE BLOOD, SEMEN, DRAINAGE FROM SCRAPES AND CUTS, FECES, URINE, VOMITUS, RESPIRATORY SECRETIONS (I.E. NASAL DISCHARGE) AND SALIVA.

8. ADDITIONAL PRECAUTIONS OR INSTRUCTIONS

MEDICAL STAFF PRINTED FULL NAME

MEDICAL STAFF SIGNATURE

DATE

TIME

TRANSPORTING OFFICER'S PRINTED NAME

TRANSPORTING OFFICER'S SIGNATURE

TRANSPORTING OFFICER'S PRINTED NAME

TRANSPORTING OFFICER'S SIGNATURE

☐ OffSite ☐ Emergency Room ☐ Urgent ☐ On-Site Clinic

Reference No: _____

☐ Retro Request ☐ Date of Service **CONSULTATION REQUEST**

Inmate

Inmate ID:

DOB:

Site:

Cost Center

Incarceration Date:

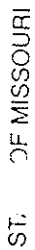
* For security reasons, inmates must NOT be informed of date, time or location of proposed treatment or possible hospitalization. Authorization and payment is provided ONLY for requested procedures or treatments of life-threatening conditions. Prior approval of Medical Director is required for additional treatment, procedures, and hospitalization.

3rd Party Insurance(VA, Workman's comp, Etc): _____

Procedure/Treat/Specialty/Requested: _____ Provider: _____

Presented Diagnosis:	
Describe Signs & Symptoms Suggesting Diagnosis:	Date of 1st Symptoms: ____/____/____
Exam Data:	
Labs and Xray Data:	
Current Meds / Failed Outpatient Therapies:	
Other Diagnosis:	
Comments:	
Site Medical Provider: _____ Signature: _____ Date: ____/____/____	
Nurse: _____ Date: ____/____/____ Site Medical Dir: _____ Date: ____/____/____	
M&R _____ Other _____ Inter _____ Qual _____ UM Review #: _____ <input type="checkbox"/> Criteria met <input type="checkbox"/> Criteria not met <input type="checkbox"/> more info needed Initials: _____ Date: ____/____/____	Notes:

Auth No: _____ Date of Service: ____/____/____

DEPARTMENT OF CORRECTIONS
OFF-SITE REFERRAL LOG

ATTACHMENT C

[illegible]



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
EMERGENCY ROOM LOG

ATTACHMENT D

INSTITUTION

MONTELEONE

DATE

NAME

DOC NUMBER/
DOB

HOSPITAL

TRANSPORT

DIAGNOSIS

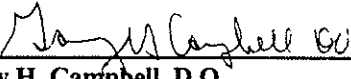
DISPOSITION


MISSOURI DEPARTMENT OF CORRECTIONS
INSTITUTIONAL SERVICES
POLICY AND PROCEDURE MANUAL

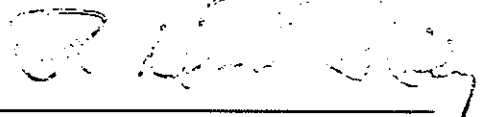
IS11-41.2 Hunger Strike

Effective Date: October 15, 1999


Ralf Salke
CMS Regional Manager


Gary H. Campbell, D.O.
CMS Regional Medical Director


George A. Lombardi, Director
Division of Adult Institutions


R. Dale Riley, Director
Division of Offender Rehabilitative
Services

- *****
- I. **Purpose:** This procedure establishes appropriate and consistent response to individual offender hunger strikes.
- A. **AUTHORITY:** 217.040, 217.175, 217.320 RSMo, NCCHC Standards for Health Services in Prisons, 1997
- B. **APPLICABILITY:** Standard Operating Procedure (SOP) specific to provision of health services procedures at the institution should be developed by the health services administrator in consultation with the medical director, other professional medical providers, and the superintendent/designee.
- C. **SCOPE:** Nothing in this procedure is intended to give a protected liberty interest to any offender. This procedure is intended to guide staff actions.
- II. **DEFINITION:**
- A. **Hunger Strike:** When an offender declares he/she is on a hunger strike and/or does not ingest liquids and nutritional solid foods for more than 48 hours as observed by staff.
- B. **Skin Turgor:** A test of the skin to determine dehydration.
- III. **PROCEDURES:**
- A. When an offender is determined to be on a hunger strike, the unit staff/shift supervisor, health services administrator/designee, and superintendent will be notified immediately. The staff member making the determination will provide written documentation of placement in the medical and classification file. Staff should attempt to determine the reason for the hunger strike and try to resolve the situation. If unable to resolve the situation, the offender should be placed in the infirmary or an administrative segregation cell for monitoring purposes. Offenders with chronic or underlying illness/disease should be placed in the infirmary for monitoring. Offenders with no existing illness/disease should be placed in administrative segregation for monitoring. If the hunger strike lasts longer than seven days, the offender should be placed in the infirmary for continued monitoring.

Effective Date: October 15, 1999

1. Health care staff will monitor the offender daily and evaluate the following: weight, vital signs (temperature, pulse, respirations, and blood pressure), skin turgor, and overall appearance of the offender. Monitoring times, evaluations, and additional medical information will be documented in the offender's medical file on the Hunger Strike Monitoring Tool (Attachment A). The superintendent/designate will be advised daily of the offender's condition.
2. A physician will examine the offender every other day for the first week then daily. When the health care staff determines the offender needs to be examined more frequently, arrangements will be made for appropriate physician care. The physician will initiate appropriate lab work. A urine dipstick should be completed daily after the first 48 hours, if a urine specimen can be obtained from the offender.
3. The health services administrator/designee will complete and submit a Psychological Evaluation Referral form (Attachment B) to the institutional psychologist. Psychology shall complete an evaluation of the offender's competency after the psychological referral has been made. Psychology shall evaluate the offender at least weekly or sooner if notified of changes in the offender's status.
4. The superintendent will notify the assistant division director of adult institutions when an offender has been determined to be on the hunger strike. The assistant division director of adult institutions will notify the director of the division of adult institutions.
5. The health services administrator/designee notify the assistant division director of medical services-DORS/designee when an offender has been determined to be on hunger strike. The assistant division director medical services-DORS/designee will notify the director of division of offender rehabilitative services and the general counsel for the department.
6. The health services administrator/designee will notify the regional medical director/designee when an offender has been determined to be on a hunger strike. Updates shall be provided on a daily basis of the offender's medical status.
7. General counsel for the department will seek a court order to forcibly feed the offender from the county court where the institution is located, or where the offender was sentenced.

B. The offender's family will be notified in accordance with IS11-10 Notifications in Emergencies.

IV. ATTACHMENTS

- | | | |
|----|----------|-----------------------------------|
| A. | 931-4222 | Hunger Strike Monitoring Tool |
| B. | 931-1572 | Psychological Evaluation Referral |

Effective Date: October 15, 1999

V. REFERENCES:

- A. National Commission on Correctional Health Care: Standards for Health Services in Prisons, 1997. P-41.
- B. IS11-10 Notifications in Emergencies

VI. HISTORY: Previously covered by division rule 115.010 Offender Serious or Critical Illness. Original Effective Date: 11-1-80; Revised 5-31-82. Previous number was IS11-2.4 until revised effective date 2-1-1995. Previously IS11-42.3 until revised effective date of

- A. Original Effective Date: April 1, 1992
- B. Revised Effective Date: February 1, 1995
- C. Revised Effective Date: October 15, 1999



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
HUNGER STRIKE MONITORING TOOL

INSTITUTION

DATE

INMATE NAME

DOC NUMBER

LAST MEAL

START DATE/TIME OF HUNGER STRIKE

NOTIFICATIONS:

DATE

TIME

WHO NOTIFIED/BY WHOM

Superintendent

Health Services Administrator

Medical Director

Regional Medical Director

Asst. Division Director-Medical Services

INITIAL ASSESSMENT

VITAL SIGNS

WEIGHT TEMPERATURE PULSE RESPIRATION BLOOD PRESSURE

SKIN TURGOR GENERAL APPEARANCE REQUIRED PLACEMENT

INFIRMARY

SEGREGATION

COMMENTS

DAILY MONITORING

DAY	DATE	WT.	TEMP.	PULSE	RESP.	BLOOD PRESSURE	SKIN TURGOR	GEN. APPEARANCE	URINE DIPSTICK
						/			
						/			
						/			
						/			
5						/			
6						/			
7						/			
8						/			
9						/			
10						/			
11						/			
12						/			
13						/			
14						/			
15						/			

ABBREVIATIONS KEY

Skin Turgor: Q = Quick
D = Decreased

General Appearance: F = Flat Affect
D = Depressed
N = No abnormalities noted

COMMENTS



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
**PSYCHOLOGICAL EVALUATION
REFERRAL (CONFIDENTIAL)**

NATAL

NAME OF INSTITUTION

HOUSING UNIT

REGISTER NUMBER

DATE

REASON FOR REFERRAL: DESCRIBE BRIEFLY YOUR REASON FOR MAKING THIS REFERRAL (INCLUDE A DESCRIPTION OF OBSERVABLE BEHAVIORS ETC ATTACH I.O.C. IF NECESSARY).

REFERRING STAFF SIGNATURE

SUBMIT THIS FORM
TO PSYCHOLOGIST

BELOW TO BE FILLED OUT BY PSYCHOLOGIST

ASSESSMENT/SESSION INFORMATION

RECOMMENDATIONS & SUMMARY

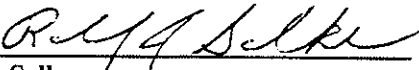
PSYCHOLOGIST SIGNATURE

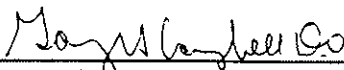
DATE


MISSOURI DEPARTMENT OF CORRECTIONS
INSTITUTIONAL SERVICES
POLICY AND PROCEDURES MANUAL


IS11-59 Orthoses, Prostheses, and Other
 Aids to Impairment (Important)

Effective Date: October 15, 1999


Ralf J. Salke
Regional Manager


Gary H. Campbell, D.O.
Regional Medical Director


George A. Lombardi, Director
Division of
Adult Institutions


R. Dale Riley, Director
Division of Offender
Rehabilitation Services

I. **PURPOSE:** This procedure ensures that medical and dental orthoses or prostheses and other aids to impairment (such as eyeglasses, hearing aids, crutches, or wheelchairs) are supplied when the health of the offender would otherwise be adversely affected, as determined by the responsible physician or dentist.

A. **AUTHORITY:** 217.040, 217.175, 217.320 RSMo, NCCHC Standards for Health Services in Prisons, 1997

B. **APPLICABILITY:** Standard Operating Procedure (SOP) specific to the provision of health services procedures at the institution should be developed by the health services administrator in consultation with the medical director, other professional medical providers, and the superintendent/designee.

C. **SCOPE:** Nothing in this procedure is intended to give a protected liberty interest to any offender. This procedure is intended to guide staff actions.

II. **DEFINITION:**

A. **Dental Prostheses:** Replacement of a tooth or of a section of teeth by partial or full dentures.

B. **Orthoses:** Device used to correct malalignment or dysfunction of joints.

C. **Prostheses:** Replacement of a missing part of the body by an artificial substitute, or a device to augment performance of a natural function.

III. **PROCEDURES:**

A. Offender requests for orthoses, prostheses, or other aids to impairment should be referred for evaluation by the medical director.

B. The medical director should contact the regional medical director for review and final approval for all orthoses, prostheses, and other aids to impairment. Minor and/or temporary aids for improvement may be given by the medical director without further approval (i.e., crutches, etc.)

- C. The site dentists should contact the chief dentist for review and final approval for all dental prostheses.
- D. When an orthoses, prostheses or other aid for impairment is received, the offender should sign a Receipt for Medical Product (Attachment A) assuming responsibility for care of the item.
- E. The Receipt for Medical Product should be permanently retained in the offender's medical record.
- F. A medical orthoses, prosthesis or other aid to impairment should not be replaced unless defective, inadequate to fulfill its purpose, or there has been a significant change in the offender's health status. Medical orthoses, prostheses, and other aids to impairment should not be prescribed for the primary purpose of cosmetics.
- G. Repair and replacement of orthoses, prostheses and other aids to impairment, resulting from normal use and wear, shall be performed at no cost to the offender. Any repair or replacement of orthoses, prostheses and other aids to impairment, resulting from misuse, abuse or sabotage, shall be performed at the offender's expense.
- H. Orthoses, prosthesis, and other aids will remain with offender unless determined to be a security risk by shift supervisor with the approval of the superintendent/designee.

IV. ATTACHMENTS:

- A. 931-0598 Receipt for Medical Product

V. REFERENCES:

- A. National Commission of Correctional Health Care: Standards for Health Services in Prisons, 1997. P-59

VI. HISTORY: This policy previously covered by IS11-58 and IS11-58.1 located in the Missouri Department of Corrections Institutional Services Policy and Procedures Manual; Original Rule Effective: August 15, 1994.

- A. Original Effective Date: August 15, 1994.
- B. Revised Effective Date: October 15, 1999



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
RECEIPT FOR MEDICAL PRODUCT

INMATE NAME

INSTITUTION

DOC NUMBER

MEDICAL PRODUCT

DATE RECEIVED

I verify that I have received the medical product named above which was purchased by the Missouri Department of Corrections. I understand I am fully responsible for the care of this item. I further understand that I will be required to pay for any repair or replacement within YEARS from date of receipt.

INMATE SIGNATURE

SIGNATURE OF HEALTH CARE STAFF DISPENSING PRODUCT

MO 92 78 (11-83)



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
RECEIPT FOR MEDICAL PRODUCT

INSTITUTION

DOC NUMBER

DATE RECEIVED

INMATE NAME

MEDICAL PRODUCT

I verify that I have received the medical product named above which was purchased by the Missouri Department of Corrections. I understand I am fully responsible for the care of this item. I further understand that I will be required to pay for any repair or replacement within YEARS from date of receipt.

SIGNATURE

SIGNATURE OF HEALTH CARE STAFF DISPENSING PRODUCT